centers for medicare & medicaid services omb no. 0938-0391

STATEMENT OF DEFICIENCIES  name of provider or supplier		(X1) PROVIDER/SUPPLIER/CLIA 365206			(x2) multiple construction  a. huildina  b. wina			(X3) DATE SURVEY COMPLETED 05/06/2019		LETED
	ider or supplier ESTERVILLE HEALTHCARE		street address, city, state, zip code  140 OLD COUNTY LINE ROAD  WESTERVILLE OH, 43081							
(X4) ID PREFIX TAG	(EACH DEFICICIENC	ENT OF DEFICIENCIES CY MUST BEPRECEDED FULL	ID PREFIX TAG	(		ACH CORRECTIV	AN OF CORRECTI 'E ACTION SHOU D TO THE APPRO	ILD BE		(X5) COMPLETIO N
F 0000	OH00104099, OH00 OH00103991  ADMINISTRATOR: #5096 CERTIFIED BED CA CENSUS: 111 MEDICARE: 07 MEDICAID: 58 OTHER: 46  The following deficie complaint investigatie extended survey con The facility also rema	D SURVEY TIGATION NT NUMBER DMPLAINT NUMBER 104005 and  Matthew Dapore, PACITY: 174  Incies are based on the ons and partial inpleted on 05/06/19. Ains out of compliance ed 04/22/19, 04/09/19, 02/04/19, 01/23/19, ind 11/21/18.	F 00	00		title				(x6) date

laboratory director's or provider/supplier representative's signature

SARAH.ROSE

05/17/2019

any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. for nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. if deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>		(x2) multiple construction  a. huilding  b. wing		SURVEY LETED 06/2019	
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F 0558 F 0558 SS=D	Needs/Preferences §483.10(e)(3) The rig receive services in the reasonable accommoneeds and preferences of would endanger that the resident or other. This STANDARD is resident and resident afacility failed to provide sampled residents (Fewater when requested was 111.  Findings include:  Review of Resident facility on 04/27/17. hospice services for stroke, dysphasia an Review of Resident facility on Gresident facili	able Accommodations  ght to reside and the facility with codation of resident these except when to do the health or safety of the residents. The facility census  #121's medical record the was admitted to the Diagnoses included the dend of life care, th	F 05		On 5/2/19 the STNA provided Resident # with ice chips as requested. On 5/2/19 th Nurse Manager assessed Resident #121 any s/sx of discomfort or fluid volume def and no adverse findings were identified. Resident #121 care plan was reviewed b Nurse Manager to ensure accurate diet of were accessible to the nursing staff on the Resident Kardex.  On 5/2/19 DON or Designee began audit ensure all Resident's with an altered liquit consistency had an accurate diet order a care plan was reviewed to ensure accurate orders were accessible to the nursing staff the Resident Kardex. On 5/2/19 the DON Nurse manager assessed all residents receiving altered liquid consistency for s/s discomfort or fluid volume deficit and no negative findings were identified.  On 5/2/19 DON educated STNA #35 and #750 on the resident Kardex to identify fluintake order and to immediately consult the nurse if unsure for further direction so the was no delay in meeting the Residents in The DON or designee will educate facility STNA and licensed nursing staff on Residents (reasonable accommodations of needs/preferences) where to identify the Residents current diet/fluid intake order a immediate actions to ensure there is no continued in the poon of the sidents needs by 5/10/19.  The DON or designee will conduct rando audits of 3-5 resident medical records to	to do not see eeds.	05/10/2019

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F 0558	(STNA) #35 and #75 05/02/19 at 9:12 A.M observed asking STN multiple times while v STNA #35 was heard "I don't think your allo anything".  Interview with Reside at 12:11 P.M. reveale confirmed he wanted received one after as  Interviews with STNA 05/12/19 at 12:15 P.I try and look up if Res a drink and could not therefore did not prov STNA #35 identified	Jent #121, receiving ed Nursing Assistants 0, was completed on . Resident #121 was NA #35 for a drink was receiving care. If telling Resident #121 bwed to have  ent #121 on 05/12/19 ed Resident #121 a drink and never sking this morning.  As #35 and #750 on M. confirmed they did sident #121 could have if find anything and yide him with anything. She would go ask surse (LPN) #50 at this simed and identified e could give him ice	F 05	58	ensure accuracy and interview those resto ensure they are receiving fluids per the preference/request 3 x weekly x 4 weeks as determined by the QAA committee.	eir	

Facility ID:OH00599

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F 0580 F 0580 SS=D	(Injury/Decline/Room §483.10(g)(14) Notificity A facility must immore resident; consult with physician; and notify, or her authority, the representative(s) who (A) An accident involvable results in injury potential for requiring intervention; (B) A significant charphysical, mental, or potential for requiring intervention; (C) A need to alter the (that is, a deterioration or psychosocial statul life-threatening condicomplications); (C) A need to alter the (that is, a need to disform of treatment due consequences, or to form of treatment); or (D) A decision to transplant from the facility when making not paragraph (g)(14)(i) of facility must ensure the information specified	(5) Notify of Changes (b) etc.) cation of Changes (c) dediately inform the (c) the resident's (c) consistent with his desident (c) en there is- (c) ving the resident (c) and has the (c) physician (d) ge in the resident's (d) sychosocial status (e) in health, mental, (e) sin either (e) tions or clinical (e) eatment significantly (e) continue an existing (e) to adverse (e) commence a new (e) diffication under (e) of this section, the (e) hat all pertinent (e) in §483.15(c)(2) is (e) dupon request to the (e) dispersion of the content of the content (e) also promptly notify (f) resident (f) when there is-	F 05		Resident #4 no longer resides in the faciliand currently resides in another SNF. Or 4/17/19 at 23:04 Resident #4 PT/INR reswere reported to Med One with no new on 4/18/19 at 00:52 Resident #4 was set the ER per order for evaluation and treat On 5/3/19 DON and Nurse manager assall Residents on coumadin therapy for archange in condition and no adverse findiwere identified. On 5/09/19 DON and nurmanager began medical record review at identify any documented change in condiand all residents current coumadin therapregimen was reviewed with the Resident physician or CNP by 5/10/19. No further adverse outcomes were identified related coumadin therapy.  On 5/3/19 DON and Nurse Managers re-educated licensed nursing staff on Physician Notification Policy(which including resident physician Notification Policy(which including lab value notification), Change in Condition Policy, 10 Rights of Medication Administration and S/Sx and risks associated with a non-therapeutic PT/INR and factor may effect INR levels. On 5/3/19 the DON Nurse Managers re-educated STNA staff S/Sx of abnormal bleeding and Change in Condition Policy.  Don or designee will audit the medical reforms of resident's receiving coumadin 2x week weeks to ensure MAR is accurate per physician order, laboratory draws are accounted and therapeutic, Lab values are addressed and therapeutic and the values are addressed and therapeutic and the values are addressed and therapeutic, Lab values are addressed and therapeutic and the values are addressed and the value are addressed and the value are addressed and the val	sults orders. In to ment. It is sults orders. In the ment. It is seed that to it is subject to it is subject. It is subject to it is subject to it is subject. It is subject to it is subject to it is subject. It is subject to it is subject to it is subject. It is subject to it is subject to it is subject to it is subject. It is subject to it is subject	05/10/2019

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F 0580	assignment as specification or (B) A change in reside Federal or State law specified in paragrap section. (iv) The facility must periodically update the and email) and phone resident representative(s).  §483.10(g)(15) Admission to a compifacility that is a compifacility that is a compifacility that is a compifacility that comprise distinct part, and must hat apply to room chedifferent locations un This STANDARD is resident facility failed to enthe physician of a signification for one resident facility census was 1  Findings include:  Review of Resident #	lent rights under or regulations as h (e)(10) of this record and he address (mailing e number of the osite distinct part. A osite distinct part (as ust disclose in its t its physical higher expective here its specify the policies hanges between its der §483.15(c)(9). Hot met as evidenced ew and staff interview, haure notification to inificant change in dent (Resident #4). Three residents cant change. The 11.	F 05	80	condition wi notification a any S/Sx of	an/CNP , identify change in ith appropriate physician/CNI and ensure Resident is negal abnormal bleeding. Need for ting will be determined by the	tive for r	

STATEMENT OF (x2) multiple construction (X3) DATE SURVEY (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 05/06/2019 365206 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIO (EACH DEFICICIENCY MUST BEPRECEDED TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0580 Continued From page 5 F 0580 revealed the resident was admitted to the facility on 6/27/18. Diagnoses included atrial fibrillation, history of deep vein thrombosis and peripheral vascular disease. Review of the comprehensive assessment, dated 04/02/19, revealed Resident #4 was alert, oriented and able to voice all needs. The assessment identified Resident #4 had two venous/arterial ulcers. Review of the April 2019 physician orders identified Resident #4 was receiving Coumadin daily for atrial fibrillation. Review of Resident #4's progress note, dated 04/15/19 at 7:07 P.M., revealed the laboratory results received for the resident's prothrombin time (PT), which is used to monitor blood thinning medications, was at a level of 52.2 seconds; (normal range 9.5-11.8 seconds) and an INR at 4.7 with normal range (2.0-3.0 standard anti-coagulant). The noted identified the physician was notified and ordered the medication Coumadin held and recheck the PT/INR tomorrow (04/16/19). The laboratory findings identified the INR levels as critical. The progress note, dated 04/15/19 at 10:53 P.M., identified the Certified Nurse Practitioner (CNP) ordered Levaquin (antibiotic medication) for a urinary tract infection (UTI). The CNP additionally ordered INR testing every other day, for a week.

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F 0580	The progress note, d P.M., revealed the re were received, and th was notified. The PT was 5.0 and the phys on the Coumadin me additionally identified The laboratory finding levels were critical.  The progress note, d A.M., revealed at 4:0 significant amount of saturating the entire dressing and sheet of was no evidence the of the significant even	ated 04/16/19 at 5:26 sults of the PT/INR ne on-call physician was 55.5 and INR sician ordered a hold dication. The notes to retest tomorrow. gs identified the INR  ated 04/17/19 at 5:20 0 A.M., there was a bright red blood left lower extremity f Resident #4. There physician was notified nt.  at 2:20 P.M. with the DON) confirmed nificant bleeding" on and there was no an was notified.  finding discovered investigation.	F 05	80	•			N

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F 0600 F 0600 SS=J	§483.12 Freedom from and Exploitation The resident has the abuse, neglect, misa resident property, and defined in this subpation is not limited to freed punishment, involunt physical or chemical to treat the resident's §483.12(a) The facilities §483.12(a) The facilities STANDARD is resulted in limited to treat the resident's sexual, or physical all punishment, or involuting STANDARD is resulted in limited to the emergency medical reforcement report, for interviews with the standard police and jail staff, the ensure Resident #2 was refuted in limited the facility without be discharge notice. The likelihood of imminent when Resident #2 was the facility after arrivitansportation with no location, medications	right to be free from ppropriation of d exploitation as rt. This includes but om from corporal ary seclusion and any restraint not required medical symptoms.  ty must- e verbal, mental, buse, corporal untary seclusion; not met as evidenced the medical record, report, law facility abuse policy, aff, family and local he facility failed to was free from neglect. Rediate Jeopardy when used readmittance to sing provided a 30 day its posed the ut danger or harm as turned away from ng by public or plan for a discharge	F 06		Resident #2 was admitted to the hospital 4/25/19. Resident #2 was readmitted to for on 5/9/19 and transferred to OSU Medical Center on 5/10/19.  DON/Designee will identify all residents with potential to discharge to the communal resident's care plans will be reviewed revised as needed for safe discharge plans by 5/2/19.  DON/Designee will review all resident's discharged from the facility in the past 30 to ensure the resident received a safe discharge by 5/2/19.  Administrator/Designee educated all facilistaff on Abuse Prevention Policy and Procedure, Identifying Signs and Sympto Abuse, Abuse Reporting, and Re-Admiss Process on 5/3/19. No staff were permitter return to work unless they had been educal Administrator/Designee will audit all residuscharges prior to discharge to ensure sedischarge plans x 4 weeks, then as determined by the QAA committee.	acility al  with ity. and nning  days  ity  ms of sion ed to cated.	05/10/2019

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F 0600	proper discharge.  On 05/02/19 at 1:12 I Administrator and Rewere notified Immedion 04/25/19 when Repolice to the facility be refused water. Residuate outstanding warrant a jail. He was refused facility following the cipil. Resident #2 was the facility without an or medical needs and police at 9:30 P.M. wo fa road near the fact transported by emerging services (EMS) to the he was admitted.  The Immediate Jeopa 05/03/19 at 1:30 P.M implemented the folloactions:  Resident #2 was hospital on 04/25/19. scheduled to be read after a 14-day hospital.	P.M., the egional Director #42 ate Jeopardy began esident #2 called ecause he was dent #2 had an and spent the night in readmittance to the evernight stay at the sturned away from y personal belongings d was found by local talking in the middle cility. He was gency medical elocal hospital where eardy was removed on when the facility owing corrective	F 06	00			

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F 0600	discharge planning b 05/02/19.  On 05/02/19, the review all residents of facility in the past 30 residents received a community. All resid be reviewed and revidischarge planning, b 05/02/19.  On 05/02/19.  On 05/02/19, the Administrator/Design facility staff on Abuse Policy and Procedure allegations of abuse policy and procedure 11:15 A.M. education On 05/03/19 at 1:30 deducation was compleducation was compleducation was compleducated to the policy and procedure 11:15 A.M. education on 05/03/19 at 1:30 deducation was compleducation was compleducated to the policy and procedure 11:15 A.M. education on 05/03/19 at 1:30 deducation was compleducation was compleducated to the policy and procedure and Asserting weeks, then as deternal to the policy and procedure and Asserting weeks, then as deternal to the policy and procedure and Asserting weeks, then as deternal to the policy and procedure and Asserting weeks, then as deternal to the policy and procedure and Asserting the policy and procedure and the policy and procedure and the policy and procedure a	ent's care plans will sed as needed for safe y end of day,  a DON/Designee will ischarged from the days to ensure the safe discharge to the ent's care plans will sed as needed for safe by end of day  ee will educate all e/Neglect Prevention e, Reporting all and the Re-Admission . As of 05/03/19 in was not completed. P.M., all staff leted.  ee will audit all before discharge to e plans by four mined by the Quality ssment Committee.  erveyors reviewed three cords (Resident #27, esident #121) for esiding in the facility.	F 06	00					

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F 0600	A.M., interviews with Nurse (LPN) #160, # Housekeeper #12 an have not been in-serveceived abuse hand them that day. Enviro Director #72 and Star Aide #126 verified the abuse on 05/02/19. P.M., LPN #160, #16 Housekeeper #12 an trained on abuse.  Although the Immediate removed, the facility compliance at a Severactual harm with pote that is not Immediate facility is still in the primplementing their concensure ongoing compliance.  Review of Resident # record revealed an accord revealed an accord revealed and 01/08/17 with diagnowidney disease Stage collapse, type II diabor.	s and observations dents revealed no eglect.  In 10:40 A.M. to 11:15 Licensed Practical 162 and #164, d #124 revealed they viced on abuse. They outs and plan to read onmental Services te Tested Nursing ey received training on On 05/03/19 at 1:30 2 and #164, d #124 had been  ate Jeopardy was remained out of entry Level 2 (No ential for minimal harm Jeopardy) as the rocess of orrective action plan to obliance.  #2's closed medical dmission date of ses including chronic e IV, syncope and etes, bipolar disorder, r depressive disorder,	F 066	00			

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F 0600	and difficulty walking Review of physician of following were some medications Residen medical diagnoses:  Depakote Delaymilligrams (mg) every and manic episode tr  Lipitor 10 mg on hyperlipidemia  Amlodipine Besy treatment of hyperter  Actos 15 mg dai diabetes  Invega Extended treatment of mood di  Tamulosin HCI C prostate hyperplasia  Oxybutynin Chlottreatment of painful under the some medical prostate hyperplasia.	ral vascular disease, unspecified kidney bdominal pain, communication deficit orders revealed the of the daily t #2 required to treat ed release 250 y six hours; seizure reatment ce daily; treatment of value 5 mg daily; insion ly; treatment of disease 3 mg daily; sorder 0.4 mg; treatment of value 5 mg twice daily; unination/frequency	F 06				

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F 0600	Accu-check ever blood sugars and not 400 or under 40 millig (mg/dl).  Review of the most re Minimum Data Set (Massessment, dated 0 Resident #2 was cog required supervision assistance for bed mwalking in corridor, wlocomotion on unit. It dependence for bath assistance for persor physical assistance vdressing, and only suand locomotion off ur admission document. Resident #2 was his and his son was liste contact.  Review of progress mand through 04/11/19 rev no documented behat progress notes from revealed 15 entries maggression from Resother residents. Resother residents. Resother residents. Resother residents. Resother residents. Resother residents.	mg three times daily; ain  ry morning to check ify physician if over grams per deciliter  ecent quarterly MDS) 3.0 3/25/19, revealed nitively intact and and physical obility, transfers, alking in room, and he required total ing, extensive physical hal hygiene, limited with toilet use and apervision with eating hit. Review of ation revealed own responsible party d as an emergency  sotes from 01/01/19 ealed Resident #2 had eviors. Review of 04/12/19 to 04/23/19 elated to verbal ident #2 to staff and ident #2 was taken to on 04/18/19 to be	F 06						

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F 0600	go to the hospital for police officers decline resident as he did no Resident #2 remaine time. Review of the frevealed no evidence the previous 30 days  Review of a progress by Licensed Practica documented Resider water and when the atto give it to him, he called to give it to	thold to be admitted The facility had inforcement on ocumentation that ressive and refused to evaluation, but the ed to transport the it meet the criteria. It dat the facility at that facility's Self- o the State Agency e of any incidents in involving Resident #2.  In note dated 04/23/19 I Nurse (LPN) #1 of #2 asked for ice faide on the hall went halled an aide a black cing he did not want it etive) nurse. Resident in the hall yelling at its walker down. If to his room and complain about his e arrived and spoke int #2. The police ran indrough their system tanding warrants ty stay. Resident #2 removed from the ine local police , an MDS ted but not ent #2 regarding	F 060	00			

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F 0600	facility including transeducation on his medication on his medication on his medications.  Review of the law en number 19-10814, darevealed law enforce nursing facility due to and stating the nursing provide him water. Withey determined Resoutstanding warrants non-compliance with He was placed in har from the facility and tigil.  Review of the law en	al record revealed charged on 04/23/19. The entation in the ding any specifics or the discharge from the effer location, dical care or physician at or the entert of the e	F 06	00			
	received no answer. and spoke with a faci	They attempted again					

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>			(x2) multiple construction  a. huildina  b. wina	(X3) DATE SURVEY COMPLETED - 05/06/2019	
name of provider or supplier  UPTOWN WESTERVILLE HEALTHCARE				street address, city, state, zip code  140 OLD COUNTY LINE ROAD  WESTERVILLE OH, 43081			
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F 0600	Resident #2 had no in were no complaints for report indicated EMS police officer. Patiento get back home and welcomed in the nursion officer reiterated the asked the facility about entering the nursing with the facility nurse "he had been discharand insurance would that time, Resident #2 emergency room.  Review of the emergand physical, dated or resident was going to encephalopathy (a bit alters brain function of was noted most likely	contacted EMS sident #2 was having y". There was no relayed to a diabetic MS arrived, they ok him to the  eport number ed 04/25/19, revealed injuries, and there rom the resident. The met with patient and it stated he was trying id he was no longer sing facility. Police same thing when he ut Resident #2 facility. EMS spoke and nurse stated, iged by the facility not pay for stay." At 2 was taken to the  ency room's history id/26/19, revealed the or receive care for rain disease that or structure), which or secondary to erbation and to receive chronic kidney	F 060	00			

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA 365206			(x2) multiple a. buildina b. wina	e construction		(X3) DATE COMP <b>05/</b>	
name of provider or supplier  UPTOWN WESTERVILLE HEALTHCARE				140 C	address, city, s	INE ROAD			
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F 0600	him into an emergency where Resident #2 renight. The next day (approximately 2:30 P #19 contacted the nure out if Resident #2 conto Social Service Assister Former Director of New facility, who stated the Administrator #48, are allow Resident #2 bath They told her that he violent, staff was afrawould not be returning Hospital Staff #19 worder the criteria for a so he was admitted to a psychiatrist who did Resident #2 was sen 04/26/19 and (to her there to this day.	M. revealed Resident dical facility on 15 P.M. She stated to five ordinary or to the needed a spital Staff #19 helped by room holding room, remained the rest of the (04/26/19) at 12 P.M., Hospital Staff rising facility to find add return. She talked distant (SSA) #92 and cursing (DON) #7 at the response with Former and they would not took into the facility. It was potentially did of him, and he resident #2 did not a psychiatric hospital, to a hospital that had difloor rounds. It to this hospital on knowledge), remained to the police he road the facility concerned citizen on did Resident #2 in the police of they picked him up.	F 06						

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>			(x2) multiple construction  a. buildina  b. wina	(X3) DATE SURVEY COMPLETED - 05/06/2019	
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F 0600	not allowed to return. attempted to contact one answered. He fi nurse, and the nurse was banned from the police called EMS an the emergency room  Interview with Reside on 04/29/19 at 1:44 F never told that Resid from the nursing facil called him and told h regarding the arrest a emergency room. He call from the facility of told initially that Resid readmitted. But later a call from Admission stated Resident #2 of was also contacted of Admissions Director where Resident #2 w	efore (04/23/19), but arrived back (on depending been discharged and and arrived back (on depending been discharged and arrived been discharged and arrived been discharged and arrived been discharged arrived been discharged dity. At that time, depending been discharged dity. Hospital Staff #19 dim what happened, and being taken to the discharged dity. Hospital Staff #19 dim what happened, and being taken to the discharged dity. Hospital Staff #19 dim what happened, and being taken to the discharged dity. Hospital Staff #19 dim what happened, and being taken to the discharged d	F 06				

Facility ID:OH00599

STATEMENT OF (x2) multiple construction (X3) DATE SURVEY (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 05/06/2019 365206 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIO (EACH DEFICICIENCY MUST BEPRECEDED TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0600 Continued From page 18 F 0600 confirmed Resident #2 did not receive adequate discharge information (list of medications, doctor's information, supply of medications, etc.) when he was discharged following his arrest on 04/23/19. He also confirmed that Resident #2's family was not notified by the facility about his discharge in a timely manner. He confirmed there was no bed hold notification, no discharge documentation or report given to the resident/family or to the arresting officers when he left. At the time of this interview, he did not know Resident #2 attempted to return to the facility and was banned from entering/being readmitted. He thought Resident #2 was still in jail at the time of this interview. Interview with SSA #92 on 04/29/19 at 12:30 P.M. revealed Resident #2 was discharged from the facility because he called the police, they arrived at the facility, they "ran his name," and found that he had violated his restraining order and then he was arrested. To her knowledge, he never returned to the facility to ask if he could be readmitted. SSA #92 stated on 04/26/19 at approximately 2:30 P.M., a social worker from a medical facility/emergency room called and stated Resident #2 was in the emergency room and wanted to know "what was going on with him." She also wanted to know if he could go back to the facility. SSA #92 stated she spoke with the Former Administrator who said, "We are not taking

STATEMENT OF (x2) multiple construction (X3) DATE SURVEY (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 365206 05/06/2019 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICICIENCY MUST BEPRECEDED PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIO TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0600 F 0600 Continued From page 19 him back for any reason." SSA #92 had to relay this message to the hospital social worker. To SSA #92 's knowledge, no one was notified of Resident #2's discharge, including his son. SSA #92 confirmed she did not set up home health or any other type of medical assistance when Resident #2 was discharged from the facility on 04/23/19. An attempt was made to interview Resident #2 on 04/29/19 at 1:51 P.M. and 4:07 P.M., and 04/30/19 at 10:25 A.M. but attempts were unsuccessful. Attempts to interview LPN #100, the nurse who stated Resident #2 was banned from the facility, on 04/29/19 at 1:10 P.M. and 04/30/19 at 9:05 A.M. were unsuccessful. Telephone interview with the Former Administrator on 05/01/19 at 1:07 P.M. revealed she was not notified Resident #2's attempted return to the facility on 04/25/19. She stated that no staff tried to call her the night of 04/25/19. She said the interdisciplinary team discussed Resident #2 returning to the facility on 04/26/19 during the morning meeting. She stated the corporate consulting nurse (Current DON) in the meeting stated to not allow Resident #2 to return to the facility. Interview with the DON on 05/02/19 at 12:02 P.M. revealed she was not notified by any facility staff on 04/25/19 regarding

Facility ID:OH00599

STATEMENT OF (x2) multiple construction (X3) DATE SURVEY (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 365206 05/06/2019 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIO (EACH DEFICICIENCY MUST BEPRECEDED TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0600 Continued From page 20 F 0600 Resident #2. The DON stated the Former Administrator and Former DON made the decision to not allow Resident #2 back into the facility. Review of facility "Emergency Transfer/Discharge" policy, dated April 2017, revealed the facility attempts to meet the needs of residents within the facility, but in an acute situation when it is not in the best interest of the resident due to medical or safety reasons, an emergency transfer or discharge is implemented. Should it become necessary to implement an emergency transfer or a 30-day discharge to a hospital or other facility, the following procedures will be completed: notify the resident's physician, may be done after transfer in an emergency; notify the receiving facility the transfer is being made and provide relevant information, arrange transportation if not arranged by the receiving facility; prepare the resident for transfer, prepare transfer form, medication lists, code status, and other relevant documentation to send with the resident. Review of the facility's abuse/neglect prevention policy and procedure, dated 01/01/16, revealed the facility will follow state and federal guidelines on preventing abuse, neglect, mistreatment, exploitation and misappropriation of property. Neglect was defined as the failure to provide goods and services necessary to avoid physical

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA 365206			(x2) multiple construction  a. huildina  b. wina	(X3) DATE SURVEY COMPLETED 05/06/2019	
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F 0607 F 0607 SS=F	that:  §483.12(b)(1) Prohib neglect, and exploitar misappropriation of reference states and exploitar misappropriation of reference states and staff failed to follow their psubmit employee fing	elop/Implement es ty must develop and licies and procedures it and prevent abuse, tion of residents and esident property, sh policies and gate any such e training as required 5, not met as evidenced employee personnel e Bureau of Criminal estigation (BCI & I)log, torney General's e abuse policy and interviews, the facility policies to obtain and perprints to the BCI & d 36 employees hired id not have finger e BCI & I Registered , #20, #22, #24 and cal Nurse (LPN) #3, I, #15, #16, #17, #19, nd #32; State Tested STNA) #1, #4, #29,	F 06		finger prints were submitted to the BCI & Registered Nurse (RN) #11, #13, #20, #2 and #35; Licensed Practical Nurse (LPN) #7, #8, #10, #12, #14, #15, #16, #17, #18 #25, #26, #27 and #32; State Tested Nur Assistants (STNA) #1, #4, #29, #30, #31, and #36; Kitchen staff (#2 and #6); Activistaff (Activities #9); Receptionist #18; Housekeeping staff (Housekeeping #5 ar #28); Licensed Social Worker (LSW) #23 Admissions Staff #33) by 5/3/2019.  On 5/3/2019 the Administrator/designee reviewed resident concern forms and rescouncil minutes for the past 30 days to eall concerns were addressed and no residual adverse outcomes related to the fingerprinting. No adverse findings were identified.  On 5/2/19 DON/Designee re-educated all on the abuse policy and were unable to reto work until the education was received.  On 5/16/19 the Background Check Policy revised by the VP of Clinical Services. Regional Director of Clinical Services eduthe Administrator, HR Director, and Department Managers on the revised Background Check Policy on 5/17/19.  Administrator/Designee will audit all new employee files for evidence of compliance the Background Check Policy and finger printing prior to the employee beginning of 4weeks, then as determined by the QAA	22, #24 ) #3, 9, #21, rsing , #34 rities and dident nsure dents  Il staff return  y was ucated  e with work x	05/17/2019

Facility ID:OH00599

(X3) DATE SURVEY STATEMENT OF (x2) multiple construction (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 05/06/2019 365206 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX COMPLETIO PREFIX (EACH DEFICICIENCY MUST BEPRECEDED (EACH CORRECTIVE ACTION SHOULD BE TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0607 F 0607 Continued From page 23 and #6); Activities staff (Activities #9); committee. Receptionist #18; Housekeeping staff (Housekeeping #5 and #28); Licensed Social Worker (LSW) #23; and Admissions Staff #33). This had the potential to affect all 111 residents residing in the facility. Finding include: Review of the BCI&I log and interview with the facility Administrator on 05/01/19 at 9:17 A.M. revealed a new corporation took ownership of the facility on 12/21/18. The Administrator verified 36 employees have been hired since that time who are still employed at the facility. The Administrator verified none of the 36 employees: (RN) #11, #13, #20, #22, #24 and #35; Licensed Practical Nurse (LPN) #3, #7, #8, #10, #12, #14, #15, #16, #17, #19, #21, #25, #26, #27 and #32; State Tested Nursing Assistants (STNA) #1, #4, #29, #30, #31, #34 and #36; Kitchen staff (#2 and #6); Activities staff (Activities #9); Receptionist #18; Housekeeping staff (Housekeeping #5 and #28); Licensed Social Worker (LSW) #23; and Admissions Staff #33) have had a set of finger prints completed and submitted to BCI&I for a criminal records check to be completed. The Administrator verified the facility was utilizing a company identified as "Ohio Background Check, INC" that completes a background check but does not utilize fingerprints. The facility was unable to provide any evidence

	STATEMENT OF (X1) DEFICIENCIES PROVIDER/SUPPLIER/CLIA 365206				(x2) multiple a. huildina b. wina	construction		SURVEY LETED (06/2019
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F 0607	BCI&I compares fing against database of of determine if there is a site identified all finge submitted to BCI&I el webcheck or a scan de Review of the facility prevention" policy an 01/01/16 identified in screening staff include background checks a facility's policy and premployees or volunte findings of background hired".  Review of the "employees or the "employees".	was utilizing to round checks".  attorneys General tygeneral gov) revealed erprints received erminal fingerprints to a criminal record. The erprints must be dectronically through a card.  "abuse, abuse dectronically conducted per this recedure. Potential ere with negative and checks will not be able to starting so incorrectly be able to start work until the results of ed.  cited as an incidental inplaint Number	F 06	07				

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA 365206			a. building COI		OATE SURVEY COMPLETED 05/06/2019	
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F 0609 SS=D	Continued From page This deficency is an encompliance from 04/22/19.  483.12(c)(1)(4) Report Violations	example of continued the survey dated	F 06		Resident #2 was admitted to the hospital		05/10/2019	
SS=D	her designated repre officials in accordance including to the State	e that all alleged buse, neglect, atment, including ource and esident property, are to buse, but not later than 2 esident property, are to buse bodily injury, or the facility and to the facility and to the State adult protective law provides for m care facilities) in the ladministrator or his or sentative and to other e with State law,			4/25/19. Resident #2 was readmitted to for 5/9/19 and transferred to OSU Medical Center on 5/10/19.  Resident #3 no longer resides in the facility all residents with the potential to discharge to the communal resident's care plans will be reviewed revised as needed for safe discharge plans by 5/2/19.  DON/Designee will review all resident's discharged from the facility in the past 30 to ensure the resident received a safe discharge by 5/2/19.  Administrator/Designee educated all facility staff on Abuse Prevention Policy and Procedure, Identifying Signs and Sympto Abuse, Abuse Reporting, and Re-Admiss Process on 5/3/19. No staff were permitter return to work unless they had been educated all resid discharges prior to discharge to ensure statischarge plans x 4 weeks, then as determined by the QAA committee.	ity.  vith ity. and nning  days  ity  ms of sion ed to cated.		

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F 0609	corrective action must This STANDARD is report by:  Based on review of the emergency medical renforcement report, for interviews with the standard police and jail staff, the investigate and report suspected neglect to two residents (Resider #3). Resident #2 was facility without necesservices to avoid phy anguish and Resider permitted to return to an overnight hospital two of three residents discharge.  Findings include:  Review of Resident #2 record revealed an a 01/08/17 with diagnor kidney disease Stage collapse, type II diabout hyperlipidemia, major osteoarthritis, unspecification in parkinson's disease, failure, unspecified a	is verified appropriate at be taken.  In the medical record, report, law facility abuse policy, aff, family and local the facility failed to the state Agency for ent #2 and Resident as discharged from the sary care and resical harm or mental at #3 was not the facility following stay. This affected as reviewed for proper set including chronic at IV, syncope and the etes, bipolar disorder, or depressive disorder, and vascular disease, unspecified kidney bedominal pain, communication deficit	F 06	09			

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hyperlipidemia  3. Amlodipine Besyl treatment of hypertens  4. Actos 15 mg daily diabetes  5 Invega Extended treatment of mood dis  6. Tamulosin HCI 0. prostate hyperplasia  7. Oxybutynin Chlor treatment of painful ur  8. Trihexyphenidyl Hereatment of Parkinson	orders revealed the ed in the daily #2 required to treat  and release 250 six hours; seizure eatment  are daily; treatment of  late 5 mg daily; sion  y; treatment of  release 3 mg daily; sorder  4 mg; treatment of  ride 5 mg twice daily; rination/frequency  HCI 2 mg twice daily; n's Disease  mg three times daily; in  y morning to check	F 060				

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F 0609	care for acute onset of disease.  Interview with Police 04/29/19 at 12:19 P.I were dispatched to the was located on by a control of the road, so Resident #2 stated in facility until the day be he was told when he 04/25/19) that he had not allowed to return, attempted to contact one answered. He finurse, and the nurse was banned from the police called EMS and the emergency room  Interview with Reside on 04/29/19 at 1:44 Finever told that Reside from the nursing facilicalled him and told hir regarding the arrest a emergency room. He call from the facility of told initially that Resident in the series of the call from the facility of told initially that Resident in the series of the call from the facility of told initially that Resident in the series of the call from the facility of told initially that Resident in the series of the call from the facility of told initially that Resident in the series of the call from the facility of told initially that Resident in the call from the facility of told initially that Resident in the call from the facility of told initially that Resident in the call from the facility of told initially that Resident in the call from the facility of told initially that Resident in the call from the facility of told initially that Resident in the call from the facility of told initially that Resident in the call from the facility of told initially that Resident in the call from the facility of told initially that Resident in the call from the facility of told initially that Resident in the call from the facility of told initially that Resident in the call from the facility of told initially that Resident in the call from the facility of the call from the call	preceive care for rain disease that or structure), which we secondary to erbation and to receive chronic kidney  Dispatcher #23 on which we revealed the police are road the facility concerned citizen on the discharged and the police of the pricked him up. The was at the nursing efore (04/23/19), but arrived back (on the police officer the facility, but no nally got a hold of a stated Resident #2 facility. At that time, the discharged he was ent #2's family member of the police officer the facility. At that time, the police officer the facility with the for assessment.  The police officer the facility with the facility of the police officer the facility. At that time, the police of the police of the police of the was ent #2's family member of the was ent #2 was discharged ity. Hospital Staff #19 im what happened, and being taken to the estated he received a in 04/26/19 and was	F 060	09			

STATEMENT OF (x2) multiple construction (X3) DATE SURVEY (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 05/06/2019 365206 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIO (EACH DEFICICIENCY MUST BEPRECEDED TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0609 Continued From page 31 F 0609 a call from Admissions Director #201 who stated Resident #2 could come back. He was also contacted on 04/29/19 by Admissions Director #201 and asked where Resident #2 was located. He did not tell them because he wasn't sure what they would have him sign. They stated again that he was welcome to come back to the facility. He stated he does not feel comfortable going to the facility to get Resident #2's personal belongings, so he was not sure what he was going to do. Interview with the Administrator on 04/29/19 at 11:35 A.M. and 12:09 P.M. confirmed Resident #2 did not receive adequate discharge information (list of medications, doctor's information, supply of medications, etc.) when he was discharged following his arrest on 04/23/19. He also confirmed that Resident #2's family was not notified by the facility about his discharge in a timely manner. He confirmed there was no bed hold notification, no discharge documentation or report given to the resident/family or to the arresting officers when he left. At the time of this interview, he did not know Resident #2 attempted to return to the facility and was banned from entering/being readmitted. He thought Resident #2 was still in jail at the time of this interview. On 05/02/19 at 3:15 P.M., the Administrator verified the facility has not reported an allegation of neglect to the State Agency.

STATEMENT OF (x2) multiple construction (X3) DATE SURVEY (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 05/06/2019 365206 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIO (EACH DEFICICIENCY MUST BEPRECEDED TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0609 Continued From page 32 F 0609 2. Record review revealed Resident #3 was admitted to the facility on 01/26/18 with diagnoses including unspecified fracture of upper end of left tibia, calculus of kidney, rash and other nonspecific skin eruption, other chronic pain, constipation, alcohol abuse, polyneuropathy, other disorders of lung, unspecified fracture of sternum, other tear of unspecified meniscus in right knee, multiple fractures of ribs, personal injury in unspecified motor vehicle accident, muscle weakness, and difficulty walking. Review of the resident's cognition assessment, dated 02/20/19, revealed the resident was cognitively intact. Review of Resident #3's progress note revealed he had a planned surgery on 04/24/19. He was taken to the hospital by Social Services Assistant (SSA) #92 on 04/24/19. The facility received a call later that afternoon from the surgical center, stating that he would be admitted for observation, but everything was going well. According to the facility medical records for Resident #3, he was discharged from the facility on 04/24/19 with the explanation of, "not being able to provide the services needed following his surgery." The medical record was not specific as to what care could not be provide. The physician had not written any progress notes confirming the allegation. There was no indication Resident #3 was given written notification regarding his discharge. In

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>			(x2) multiple construction  a. building  b. wing	_	SURVEY PLETED 706/2019
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F 0609	Interview with the Ad 04/29/19 at 11:35 A.I revealed he could no Resident #3 was give not allowed to return stated the resident had offered bed hold days resident should have notification about the option to refuse for the He stated he did not permitted to come bat been told this). The Adienterview on 05/02/19 the facility did not sufficiency with the statement of the hospital. The Adienterview on 05/02/19 the facility did not sufficiency with the statement of the sufficiency with the statement of the sufficiency with the suffic	ministrator on M. and 12:09 P.M. t find evidence en notification he was to the facility. He ad an insurance that is and verified the received the daily rate and/or the deir bed to be held. know they were not lock (or that they had Administrator verified dovide any information int's medical diagnosis, e plan upon transfer to ministrator, during an is at 3:17 P.M. verified domit a self-reported Agency to investigate ect. antiates Complaint 1. If continued	F 06	09			

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>			(x2) multiple construction  a. huilding  b. wing			(X3) DATE SURVEY COMPLETED 05/06/2019	
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F 0622 F 0622 SS=D	STERVILLE HEALTHCARE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED		ID PREFIX		4/25/19. Re on 5/9/19 a Center on 5/9/19 a Center on 5 On 5/2/19 A and MDS n potential to of 14 reside revised as n On 4/29/19 reviewed all the facility is resident recon 4/29/19 Clinical Ser on Resident Policy and I On 4/29/19 of 17 membres Resident Di Policy and I On 4/29/19 Managers e nurses on F Bedhold Policy and I On 5/1/19 is regarding Resident Policy and I On 5/1/19 is regarding Resident Policy and I On 5/1/19 is regarding Resident Policy Resident Policy All Policy and I On 5/1/19 is regarding Resident Policy Resident Policy Resident Policy All Policy Resident Policy All Policy Resident Policy All Policy Resident Policy All Policy Resident Policy Residen	(EACH CORRECTIVE ACTION SHOULD BE			05/10/2019

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F 0622	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED		ID PREFIX TAG		Administrator/Designee will audit all discharges x 4 weeks for compliance with Resident Discharge, Transfer and Bed-hot Policy and Procedures, then as determine the QAA committee.	old			

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA 365206			(x2) multiple a. huildina b. wina	e construction		(X3) DATE SURVEY COMPLETED 05/06/2019	
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F 0622	or discharge is necess (c) (1) (A) or (B) of the (B) A physician where is necessary under period (D) of this section.  (iii) Information proving provider must include following:  (A) Contact information responsible for the case (B) Resident represes including contact information (C) Advance Directive (D) All special instruction for ongoing care, as (E) Comprehensive (F) All other necessary including a copy of the discharge summary, §483.21(c)(2) as approduction, as appead ocumentation, as appead and effective transpropriate interview, family interpolicy review, the fact appropriate justification.	eysician when transfer asary under paragraph as section; and a transfer or discharge aragraph (c)(1)(i)(C) or ded to the receiving a minimum of the constant on the practitioner are of the resident. Intative information are information are information are plan goals; ary information, are resident's consistent with allicable, and any other applicable, to ensure a ensition of care. The provide and facility stillty failed to provide on for a resident #2) sharges reviewed.	F 06	22					

STATEMENT DEFICIENCIE		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>			(x2) multiple construction  a. building  b. wing	(X3) DATE SURVEY COMPLETED 05/06/2019		
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F 0622	osteoarthritis, dysuriadisorder, other chron vascular disease, Paunspecified kidney faabdominal pain, weal status, cognitive comand difficulty walking for Mental Status (Bll which indicated he was 03/25/19.  Review of Resident freevealed he was discipated he was discipated facility on 04/23/19; It that time on charges facility. According to Set 3.0 (MDS) asses 04/23/19), Resident frand not anticipated to the electronic progres no indication as to the discharge. Between 04/23/19, there were regarding verbal agginappropriate behavior toward others (reside However, there was in the second of the seco	y on 01/08/17 with chronic kidney necope and collapse, plar disorder, of depressive disorder, and unspecified mood ic pain, peripheral rkinson's disease, illure, unspecified kness, altered mental munication deficit. His Brief Interview MS) score was 15, as cognitively intact. It is completed on the me was arrested at unrelated to the the Minimum Data sment (dated to return. In review of the overland of the over	F 06	22				

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>		(x2) multiple construction  a. building  b. wing	(X3) DATE SURVEY COMPLETED 05/06/2019		
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F 0622	Interview with the act 04/29/19 at 11:35 A.I revealed he thought in jail at the time of the stated he had no proper returning to the facility that he had been discountied by the facility that he had been discountied to return. If for his initial discharge was arrested and take confirmed Resident #30-day discharge not linterview with Social (SSA) #92 on 04/29/revealed Resident #2 the facility because he they arrived at the facility because he they arrived at the facility discounties arrested. To her	f-Reported Incidents were no incidents of with Resident #2 being and ining Administrator on M. and 12:09 P.M. Resident #2 was still his interview. He blem with Resident #2 y and did not know charged and not he stated the reason he was because he en to jail. He fication.  Services Assistant 19 at 12:30 P.M. It was discharged from he called the police, cility, they "ran his had he had violated his ra family dispute; he re knowledge, Resident the facility to ask if he Per SSA #92, on lately 2:30 P.M., a medical form called and stated the emergency room "what was going on wanted to know if he facility. SSA #92	F 062	22			

STATEMENT OF (x2) multiple construction (X3) DATE SURVEY (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 05/06/2019 365206 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIO (EACH DEFICICIENCY MUST BEPRECEDED TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0622 Continued From page 39 F 0622 talked with the former administrator and was told, "We are not taking him back for any reason." SSA #92 had to relay this message to the hospital social worker. Interview with Resident #2's family member (son) on 04/29/19 at 1:44 P.M. revealed he was never told that Resident #2 was discharged from the nursing facility. Hospital Staff #19 called him and told him what happened (about the arrest and being taken to the emergency room). He stated he had not been given a reason for Resident #2's discharge. Review of the facility "Resident Discharge" policy and procedure (dated 01/01/16) indicated, it is the policy of this facility to provide the Resident's with a thorough and seamless discharge. It also stated, The social services designee shall follow the procedure outlined below regarding discharge: the facility will ensure a safe location to discharge the resident to; the facility will communicate with responsible parties/guardians about the decision to transfer, the facility will communicate with the location or individuals for the accepting transfer; the facility will provide all pertinent medical information; the facility will notify the physician and acquire the needed documentation for the transfer; and the facility will transfer the resident to new location. This deficiency substantiated Master

centers for medicare & medicaid services omb no. 0938-0391

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA 365206		(x2) multiple construction  a. huildina  b. wina	(X3) DATE SURVEY COMPLETED  05/06/2019		
	ider or supplier ESTERVILLE HEALTHCARE		1	street address, city, state, zip code  140 OLD COUNTY LINE ROAD  WESTERVILLE OH, 43081			
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F 0622	Continued From pag Complaint Number C		F 0622				

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>			(x2) multiple construction  a. huilding  b. wing	(X3) DATE COMP <b>05/</b>	
name of provider or supplier  UPTOWN WESTERVILLE HEALTHCARE				140 (	address, city, state, zip code DLD COUNTY LINE ROAD FERVILLE OH, 43081		
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F 0623 F 0623 SS=D	writing and in a langulunderstand. The facilof the notice to a repoffice of the State Loombudsman.  (ii) Record the reason discharge in the reside in accordance with posection; and (iii) Include in the not described in paragrasection.  §483.15(c)(4) Timing (i) Except as specified (ii) and (c)(8) of this stransfer or discharge section must be madeleast 30 days before transferred or discharge section must be madeleast 30 days before transferred or discharge section must be madeleast 30 days before transferred or discharge (ii) Notice must be madeleast 30 days before transferred or discharge (iii) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before transferred or discharge (iv) Notice must be madeleast 30 days before tran	otice Requirements harge before transfer. In the resident's her transfer or asons for the move in uage and manner they lity must send a copy resentative of the ong-Term Care on the transfer or dent's medical record aragraph (c)(2) of this lice the items ph (c)(5) of this lice the items ph (c)(6)	F 06		Resident #2 was admitted to the hospital 4/25/19. Resident #2 was readmitted to fa on 5/9/19 and transferred to OSU Medical Center on 5/10/19.  Resident #3 no longer resides in the facility.  On 4/24/19 at 5pm Administrator, LISW, I ADON and MDS nurse identified all resid with the potential to discharge to the community. All 14 of 14 resident's care plaster reviewed and revised as needed for discharge plan.  On 4/29/19 at 5:30pm the LISW and ADO reviewed all 18 of 18 resident's discharge the facility in the past 30 days to ensure the resident received a safe discharge plan.  on 4/29/19 at 4:35pm the Regional Direct Clinical Services educated the Administration Resident Discharge, Transfer, and Be Policy and Procedures.  On 4/29/19 at 4:45pm the DON educated of 17 members of the interdisciplinary teal Resident Discharge, Transfer and Bedho Policy and Procedures.  On 4/29/19 between 5pm and 7pm Unit Managers educated all 27 of 27 licensed nurses on Resident Discharge, Transfer and Bedhold Policy and Procedures.  On 5/1/19 inquiry received from River Vis regarding Resident #2's return to facility.	acility al acility al acility al acility al acility al acility ans ans ans asafe ans ans asafe ans and al all 17 am on ald and	05/10/2019

STATEMENT OF (x2) multiple construction (X3) DATE SURVEY (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 05/06/2019 365206 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIO (EACH DEFICICIENCY MUST BEPRECEDED TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0623 Continued From page 42 F 0623 (1)(i)(D) of this section; Uptown Westerville agreed to Resident #2's (C) The resident's health improves re-admission to facility after a 14 day stay at sufficiently to allow a more immediate River Vista Behavioral Hospital. transfer or discharge, under paragraph (c) (1)(i)(B) of this section; Administrator/Designee will audit all (D) An immediate transfer or discharge is discharges x 4 weeks for compliance with required by the resident's urgent medical Resident Discharge, Transfer and Bed-hold needs, under paragraph (c)(1)(i)(A) of this Policy and Procedures, then as determined by the QAA committee. section: or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection

	TATEMENT OF (X1) PEFICIENCIES PROVIDER/SUPPLIER/CLIA 365206				(x2) multiple construction  a. huildina  b. wina	(X3) DATE SURVEY COMPLETED 05/06/2019	
	vider or supplier VESTERVILLE HEALTHCARE			140	eet address, city, state, zip code  0 OLD COUNTY LINE ROAD  ESTERVILLE OH, 43081		
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F 0623	a mental disorder est Protection and Advoc Individuals Act.  §483.15(c)(6) Chang If the information in the prior to effecting the the facility must update the notice as soon as updated information.  §483.15(c)(8) Notice closure. In the case of facility who is the administrate provide written notific impending closure to Agency, the Office of Care Ombudsman, reand the resident representation of the residents.	viduals with dilities established Developmental De and Bill of Rights 106-402, codified at seq.); and dity residents with a selated disabilities, the ladress and telephone by responsible for the cacy of individuals with tablished under the cacy for Mentally III  des to the notice. The notice changes transfer or discharge, ate the recipients of a practicable once the becomes available.  The in advance of facility  closure, the individual ator of the facility must cation prior to the the State Survey of the State Long-Term residents of the facility, resentatives, as well	F 062	23			

STATEMENT OF (X1) DEFICIENCIES PROVI		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>		(x2) multiple construction  a. huildina  b. wina			(X3) DATE SURVEY COMPLETED 05/06/2019		
name of provider or supplier  UPTOWN WESTERVILLE HEALTHCARE				140 0	address, city, sta LD COUNTY LIN ERVILLE OH, 43	NE ROAD			
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F 0623	admitted to the facility diagnoses including of disease Stage IV, syn Type II diabetes, bipo hyperlipidemia, major osteoarthritis, dysuriadisorder, other chron vascular disease, Paunspecified kidney fa	cord review, staff review, the facility en notification of s and the state This affected two sident #3) of three or discharges.  ealed Resident #2 was y on 01/08/17 with chronic kidney ncope and collapse, olar disorder, r depressive disorder, a, unspecified mood ic pain, peripheral rkinson's disease, illure, unspecified kness, altered mental munication deficit . His Brief Interview MS) score was 15, as cognitively intact. s completed on  #2's medical records charged from the s he was taken to jail arrant. There was no s given written discharge from the	F 06	23					

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA 365206			(x2) multiple construction  a. huildina  b. wina	(X3) DATE SURVEY COMPLETED  05/06/2019	
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F 0623	admitted to the facility diagnoses including to upper end of left tibia rash and other nonspother chronic pain, consumper abuse, polyneuropath lung, unspecified fract tear of unspecified motor version was cognitively intact was cognitively intact was cognitively intact was completed on 02.  Review of Resident freevealed he had a plate of the services Assist that afternoon from the stating that he would observation, but ever According to the facility on 04/24/19 explanation of, "not be the services needed There was no indicated."	ealed Resident #3 was y on 01/26/18 with unspecified fracture of calculus of kidney, becific skin eruption, onstipation, alcohol my, other disorders of cture of sternum, other eniscus in right knee, ibs, personal injury in hicle accident, muscle alty walking. His which indicated he may be a medical records anned surgery on the ken to the hospital by stant (SSA) #92 on a received a call later he surgical center, be admitted for ything was going well. It if y medical records as discharged from 9 with the leing able to provide following his surgery." It ion that he was given garding his discharge.	F 06	23			

STATEMENT OF (x2) multiple construction (X3) DATE SURVEY (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 365206 05/06/2019 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIO (EACH DEFICICIENCY MUST BEPRECEDED TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0623 Continued From page 46 F 0623 regarding this discharge. Interview with Administrator on 04/29/19 at 11:35 A.M. and 12:09 P.M. revealed he could not find evidence that either resident (Resident #2 or Resident #3) had received written notification of their discharge. The Administrator was asked on 04/29/19 at 11:15 A.M., 2:46 P.M., and 4:30 P.M. for evidence the state ombudsman's office was notified of these discharges, but this information was never provided. Review of the facility "Resident Discharge" policy and procedure (dated 01/01/16) revealed, "It is the policy of this facility to provide the Resident's with a thorough and seamless discharge." The social services designee shall follow the procedure outlined below regarding discharge: the facility will ensure a safe locations to discharge the resident to; the facility will communicate with responsible parties/guardians about the decision to transfer, the facility will communicate with the location or individuals for the accepting transfer; the facility will provide all pertinent medical information; the facility will notify the physician and acquire the needed documentation for the transfer; and the facility will transfer the resident to new location. This deficiency substantiated Master Complaint Number OH00104005 and Complaint Number OH00103991.

centers for medicare & medicaid services omb no. 0938-0391

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>		(x2) multiple construction  a. huildina b. wina	(X3) DATE SURVEY COMPLETED 05/06/2019						
name of provider or supplier  UPTOWN WESTERVILLE HEALTHCARE				street address, city, state, zip code 140 OLD COUNTY LINE ROAD WESTERVILLE OH, 43081							
	TERVILLE HEALTHCARE SUMMARY STATEME (EACH DEFICICIENC	ENT OF DEFICIENCIES LY MUST BEPRECEDED FULL	1	40 OLD COUNTY LINE ROAD	D BE	(X5) COMPLETIO N					

Facility ID:OH00599

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>		(x2) multiple construction  a. building  b. wing	(X3) DATE SURVEY COMPLETED 05/06/2019		
	rider or supplier ESTERVILLE HEALTHCARE			140 0	address, city, state, zip code DLD COUNTY LINE ROAD ERVILLE OH, 43081		
(X4) ID PREFIX TAG	(EACH DEFICICIENC	ENT OF DEFICIENCIES LY MUST BEPRECEDED FULL	ID PREFI) TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETIO N
F 0624 F 0624 SS=J	orientation must be p manner that the resic This STANDARD is r by:  Based on review of the emergency medical r enforcement report, f policy, interviews with staff, resident, family jail staff, the facility for resident discharge m safety needs of one r This resulted in Immer Resident #2 was refuthe facility. This posic imminent danger or r #2 was turned away arriving by public trar shelter to go to and r treatment of multiple In addition, the facility resident (Resident #3	ation for Safe/Orderly ation for transfer or e and document and orientation to afe and orderly from the facility. This rovided in a form and dent can understand. not met as evidenced  The medical record, report, law racility discharge record the medical director, and local police and failed to ensure a ret the health and resident (Resident #2). rediate Jeopardy when redical record when resident (Resident #2). rediate Jeopardy when resident (Resident #2). rediate Jeopardy when resident from the facility after resportation with no record medical conditions. The facility and resident to readmit one responsible	F 06		Resident #2 was admitted to the hospital 4/25/19. Resident #2 was readmitted to for 5/9/19 and transferred to OSU Medical Center on 5/10/19.  Resident #3 no longer resides in the facility on 4/24/19 at 5pm Administrator, LISW, IADON and MDS nurse identified all residing with the potential to discharge to the community. All 14 of 14 resident's care planter reviewed and revised as needed for discharge plan.  On 04/29/19 at 5:00 P.M., the Administral Licensed Social Worker (LISW) #92, the Assistant Director of Nursing (ADON) #12 and Minimum Data Set (MDS) Nurse #31 identified all residents with the potential to discharge to the community. All resident's plans will be reviewed and revised as needed for safe discharge planning by 05/02/19.  On 4/29/19 at 5:30pm the LISW and ADO reviewed all 18 of 18 resident's discharge the facility in the past 30 days to ensure the resident received a safe discharge plan.  On 4/29/19 at 4:35pm the Regional Direct Clinical Services educated the Administration Resident Discharge, Transfer, and Be Policy and Procedures.  On 4/29/19 at 4:45pm the DON educated of 17 members of the interdisciplinary teal Resident Discharge, Transfer and Bedhoom the procedure of 17 members of the interdisciplinary teal Resident Discharge, Transfer and Bedhoom the procedure of 17 members of the interdisciplinary teal Resident Discharge, Transfer and Bedhoom the procedure of 17 members of the interdisciplinary teal Resident Discharge, Transfer and Bedhoom the procedure of 17 members of the interdisciplinary teal Resident Discharge, Transfer and Bedhoom the procedure of 18 resident Discharge, Transfer and Bedhoom the procedure of 19 resident Discharge, Transfer and Bedhoom the procedure of 19 resident Discharge, Transfer and Bedhoom the procedure of 19 resident Discharge, Transfer and Bedhoom the procedure of 19 resident Discharge, Transfer and Bedhoom the procedure of 19 resident Discharge, Transfer and Bedhoom the procedure of 19 resident Discharge, Transfer and Bedhoom the procedure of 19 resident Dischar	acility al ity. DON, ents dans r safe tor, DON, 23, 0 s care eded DN ed from he etor of ator dhold	05/10/2019

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>		(x2) multiple construction  a. building  b. wing	СОМР	(X3) DATE SURVEY COMPLETED 05/06/2019	
name of provider or supplier  UPTOWN WESTERVILLE HEALTHCARE				140 0	address, city, state, zip code  DLD COUNTY LINE ROAD  TERVILLE OH, 43081		
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F 0624	an outstanding warrahad called the police because he was refu #2 spent the night in readmittance to the foovernight jail stay for outstanding warrant. turned away from the personal belongings was found by local powalking in the middle facility. He was transmedical services (EM hospital where he was the limited of the limited procedure was surgical center and a scheduled procedure #3 was discharged from to another nuring facility. On 04/29/19 at 4 Regional Director of the security of the security was surgical center and a scheduled procedure was was discharged from the security of the security was discharged from the sec	P.M., the gional Director #42 ate Jeopardy began esident #2 was sility by local police for nt after the resident to the facility sed water. Resident jail and was refused acility following the an unrelated Resident #2 was facility without any or medical needs and olice at 9:30 P.M. of a road near the sported by emergency IS) to the local s admitted.  ardy was removed on cility implemented the ctions:  transferred to a dmitted after a on 4/24/19. Resident om the surgical center lity.  ::35 P.M., the Clinical Services #42 strator on the facility's Policy and Procedure	F 062	24	Policy and Procedures.  On 4/29/19 between 5pm and 7pm Unit Managers educated all 27 of 27 licensed nurses on Resident Discharge, Transfer a Bedhold Policy and Procedures.  On 5/1/19 inquiry received from River Vis regarding Resident #2's return to facility. Uptown Westerville agreed to Resident # re-admission to facility after a 14 day stay River Vista Behavioral Hospital.  Administrator/Designee will audit all discharges x 4 weeks for compliance with Resident Discharge, Transfer and Bed-hopolicy and Procedures, then as determine the QAA committee.	ta 2's / at n old	

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>			(x2) multiple construction  a. huildina  b. wina	(X3) DATE SURVEY COMPLETED  05/06/2019	
name of provider or supplier  UPTOWN WESTERVILLE HEALTHCARE				140 0	address, city, state, zip code DLD COUNTY LINE ROAD TERVILLE OH, 43081		
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F 0624	of Nursing (DON) edinembers of the interest the facility's Resident and Procedure and E and Bed Policy.  On 04/29/19 at 5 Administrator, Licens (LISW) #92, the DON of Nursing (ADON) # Data Set (MDS) Nursing residents with the post the community. All rivial be reviewed and safe discharge plann.  On 04/29/19 at 5 and ADON #123 reviewed and ADON #123 reviewed past 30 days to ensureceived a safe discharged.  On 04/29/19 bet 7:00 P.M., Unit Nurse	4:45 P.M., the Director ucated all 17 of 17 disciplinary team on a Discharge Policy Discharge, Transfer  5:00 P.M., the ed Social Worker I., Assistant Director 123, and Minimum se #31 identified all tential to discharge to resident's care plans revised as needed for ing by 05/02/19.  5:30 P.M., LISW #92 ewed all 18 of 18 from the facility in the re the residents harge by 05/02/19.  ween 5:00 P.M. to be Managers #123 and of 27 licensed nurses lent Discharge Policy Discharge, Transfer	F 06	24			

Facility ID:OH00599

centers for medicare & medicaid services omb no. 0938-0391 STATEMENT OF (x2) multiple construction (X3) DATE SURVEY (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 365206 05/06/2019 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICICIENCY MUST BEPRECEDED PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIO TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0624 Continued From page 51 F 0624 Bed Policy, then as determined by the Quality Assurance and Assessment Committee. On 04/30/19, surveyors reviewed three additional closed resident records (Resident #1. Resident #5 and Resident #6) for residents who were discharged from the facility since 03/31/19. Reviews revealed safe discharges were completed for these residents. On 05/01/19 between 10:30 A.M. and 11:00 A.M. interview with four Licensed Practical Nurses (LPNs) and one Registered Nurse (RN) verified they had received education from Unit Nurse Managers #123 and #143 on discharge planning and safe discharge of residents. Staff who were interviewed were knowledgeable of the facility's policies and procedures regarding discharge planning and safe discharge of residents. On 05/02/19, the facility verified Resident #2 was admitted to the hospital on 4/25/19. Resident #2 is scheduled to be readmitted to the facility after a 14 day hospitalization at a behavioral hospital. Although the Immediate Jeopardy was removed, the facility remained out of compliance at a Severity Level 2 (No

actual harm with potential for minimal harm that is not Immediate Jeopardy) as the

facility is still in the process of

STATEMENT DEFICIENCIE	\(\cdot\)-1				SURVEY PLETED 706/2019		
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F 0624	ensure ongoing complete Findings include:  Review of Resident # record revealed an accord revealed and sease. It is the sease of the	prrective action plan to pliance.  #2's closed medical dmission date of ses including chronic e IV, syncope and etes, bipolar disorder, or depressive	F 06	24			

STATEMENT OF DEFICIENCIES  (X1) PROVIDER/SUPPLIER/CLIA 365206				(x2) multiple a. buildina b. wina	e construction		SURVEY LETED <b>06/2019</b>	
	ider or supplier ESTERVILLE HEALTHCARE			140 C	address, city, s OLD COUNTY LI	INE ROAD		
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F 0624	treatment of mood di  Tamulosin HCl C prostate hyperplasia  Oxybutynin Chlo treatment of painful u  Trihexyphenidyl treatment of Parkinso  Gabapentin 200 treatment of nerve pa  Accu-check ever blood sugars and not 400 or under 40 millig (mg/dl).  Review of the most re Minimum Data Set (N assessment, dated 0 Resident #2 was cog required supervision assistance for bed m walking in corridor, w locomotion on unit. I dependence for bath assistance for persor physical assistance w dressing, and only su and locomotion off ur admission document	d release 3 mg daily; sorder  0.4 mg; treatment of  oride 5 mg twice daily; orination/frequency  HCl 2 mg twice daily; on's Disease  mg three times daily; ain  ry morning to check dify physician if over grams per deciliter  eccent quarterly  MDS) 3.0  3/25/19, revealed divitively intact and and physical obility, transfers, ralking in room, and the required total ding, extensive physical dial hygiene, limited with toilet use and dipervision with eating dit. Review of ation revealed own responsible party	F 06	24				

Facility ID:OH00599

STATEMENT OF DEFICIENCIES  (X1) PROVIDER/SUPPLIER/CLIA 365206				(x2) multiple construction  a. buildina  b. wina	(X3) DATE COMPI <b>05/</b>		
	ider or supplier ESTERVILLE HEALTHCARE			140 (	t address, city, state, zip code DLD COUNTY LINE ROAD TERVILLE OH, 43081		
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F 0624	no documented behat progress notes from revealed 15 entries reaggression from Resother residents. Resother residents. Resother residents. Resother residents. Resother residents for his mereturned to the facility not meeting the thresoto a psychiatric unit. contacted local law e 04/19/19 related to discontacted local law e 104/19/19 related to dis	cotes from 01/01/19 ealed Resident #2 had eviors. Review of 04/12/19 to 04/23/19 elated to verbal ident #2 to staff and ident #2 was taken to on 04/18/19 to be estal health. He of the same day due to shold to be admitted. The facility had inforcement on ocumentation that ressive and refused to evaluation, but the end to transport the estal the facility at that facility's Self-othe State Agency et of any incidents in involving Resident #2.  In note dated 04/23/19 I Nurse (LPN) #1 Int #2 asked for ice aide on the hall went alled an aide a black ting he did not want it etive) nurse. Resident in the hall yelling at its walker down.	F 06	24			

STATEMENT OF (x2) multiple construction (X3) DATE SURVEY (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 365206 05/06/2019 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIO (EACH DEFICICIENCY MUST BEPRECEDED TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0624 Continued From page 55 F 0624 called the police to complain about his care. The local police arrived and spoke with staff and Resident #2. The police ran Resident #2's name through their system and located two outstanding warrants unrelated to the facility stay. Resident #2 was handcuffed and removed from the facility and taken to the local police station. On 04/23/19, an MDS assessment was started but not completed for Resident #2 regarding "Discharge, return not anticipated." Review of the medical record revealed Resident #2 was discharged on 04/23/19. There was no documentation in the medical record regarding any specifics or details of the resident's discharge from the facility including transfer location, education on his medical care or physician follow up appointment or retrieving/obtaining current prescribed medications. Review of the law enforcement report number 19-10814, dated 04/23/19, revealed law enforcement arrived at the nursing facility due to Resident #2 calling and stating the nursing staff would not provide him water. While in the facility, they determined Resident #2 had two outstanding warrants related to non-compliance with a protection order. He was placed in handcuffs and removed from the facility and taken to the county jail.

STATEMENT OF DEFICIENCIES  (X1) PROVIDER/SUPPLIER/CLIA 365206				(x2) multiple construction  a. huildina  b. wina		SURVEY LETED 06/2019		
	ider or supplier ESTERVILLE HEALTHCARE			street address, city, state, zip code  140 OLD COUNTY LINE ROAD  WESTERVILLE OH, 43081				
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F 0624	Review of the law en number 19-11044, da 9:25 P.M. and 10:11 Resident #2 was obs middle of the road. F dispatched to his locaroad as the facility. We they attempted to cal received no answer. and spoke with a faci Resident #2 was "bar At that time, police or because they felt Resa "diabetic emergency further documenttion emergency. When E assessed him and to emergency facility.  Review of EMS run ru 2019-00002586, date Resident #2 had no in were no complaints for report indicated EMS	forcement report ated 04/25/19 between P.M., revealed served walking in the Police were ation on the same When police arrived, all the facility, but They attempted again sility nurse who stated nied from the facility. Intacted EMS sident #2 was having by. There was no regarding the diabetic EMS arrived, they ok him to the seport number and 04/25/19, revealed nijuries, and there from the resident. The semet with patient and at stated he was trying the was no longer sing facility. Police same thing when he but Resident #2 facility. EMS spoke and nurse stated,	F 06	24	CROSS-REFERENCED TO THE APPROPRIATE		N	
		not pay for stay." At						

STATEMENT OF DEFICIENCIES  (X1) PROVIDER/SUPPLIER/CLIA 365206				(x2) multiple construction  a. huildina  b. wina	(X3) DATE COMP <b>05/</b>		
	ider or supplier ESTERVILLE HEALTHCARE			140 (	address, city, state, zip code DLD COUNTY LINE ROAD TERVILLE OH, 43081		
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F 0624	#2 arrived at the med 04/25/19 at about 10 he was not acting our the point that she felt psychiatric hold. Hos him into an emergency where Resident #2 re night. The next day (approximately 2:30 P #19 contacted the nur out if Resident #2 conto Social Service Ass Former Director of Nif facility, who stated the Administrator #48, ar allow Resident #2 ba They told her that he violent, staff was afrawould not be returning Hospital Staff #19 wor for the resident to go meet the criteria for a so he was admitted to a psychiatrist who did Resident #2 was sen 04/26/19 and (to her there to this day.	al Staff #19 on M. revealed Resident lical facility on 15 P.M. She stated t of the ordinary or to he needed a spital Staff #19 helped by room holding room, emained the rest of the 104/26/19) at 12.M., Hospital Staff rrsing facility to find ald return. She talked distant (SSA) #92 and dursing (DON) #7 at the ey spoke with Former and they would not ck into the facility. was potentially hid of him, and he g. At that time, brked to find a place . Resident #2 did not a psychiatric hospital, ho a hospital that had difloor rounds. t to this hospital on knowledge), remained  Dispatcher #23 on M. revealed the police he road the facility concerned citizen on	F 06	24			

		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>	OVIDER/SUPPLIER/CLIA		(x2) multiple construction  a. huildina  b. wina	(X3) DATE SURVEY COMPLETED 05/06/2019	
name of provider or supplier  UPTOWN WESTERVILLE HEALTHCARE				140 (	t address, city, state, zip code DLD COUNTY LINE ROAD TERVILLE OH, 43081		
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F 0624	not allowed to return. attempted to contact one answered. He fil nurse, and the nurse was banned from the police called EMS an the emergency room  Interview with Sheriff Dispatcher #29 on 04 confirmed that Reside to the jail on 04/24/19 04/25/19.  Interview with Reside on 04/29/19 at 1:44 F never told that Reside from the nursing facil called him and told hi regarding the arrest a emergency room. He call from the facility of told initially that Reside readmitted. But later a call from Admission stated Resident #2 of was also contacted of Admissions Director if where Resident #2 we	o they picked him up. e was at the nursing efore (04/23/19), but arrived back (on d been discharged and The police officer the facility, but no nally got a hold of a stated Resident #2 facility. At that time, d they took him to for assessment.  Department d/29/19 at 1:41 P.M. ent #2 was admitted and released on  ent #2's family member P.M. revealed he was ent #2 was discharged ity. Hospital Staff #19 im what happened, and being taken to the e stated he received a in 04/26/19 and was dent #2 could not be that day, he received as Director #201 who bould come back. He in 04/29/19 by #201 and asked as located. He did e he wasn't sure what	F 062	24			

STATEMENT OF (x2) multiple construction (X3) DATE SURVEY (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 05/06/2019 365206 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIO (EACH DEFICICIENCY MUST BEPRECEDED TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0624 Continued From page 59 F 0624 again that he was welcome to come back to the facility. He stated he does not feel comfortable going to the facility to get Resident #2's personal belongings, so he was not sure what he was going to do. Interview with the Administrator on 04/29/19 at 11:35 A.M. and 12:09 P.M. confirmed Resident #2 did not receive adequate discharge information (list of medications, doctor's information, supply of medications, etc.) when he was discharged following his arrest on 04/23/19. He also confirmed that Resident #2's family was not notified by the facility about his discharge in a timely manner. He confirmed there was no bed hold notification, no discharge documentation or report given to the resident/family or to the arresting officers when he left. At the time of this interview, the Administrator did not know Resident #2 attempted to return to the facility and was banned from entering/being readmitted. The Administrator thought Resident #2 was still in jail at the time of this interview. Interview with SSA #92 on 04/29/19 at 12:30 P.M. revealed Resident #2 was discharged from the facility because he called the police, they arrived at the facility, they "ran his name," and found that he had violated his restraining order and then he was arrested. To her knowledge, he never returned to the facility to ask if he could be readmitted. SSA #92

	STATEMENT OF (X1) PROVIDER/SUPPLIER/CLIA 365206				(x2) multiple construction  a. buildina  b. wina		SURVEY LETED 106/2019
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F 0624	him back for any reast relay this message to worker. To SSA #92 was notified of Resid including his son. SS did not set up home I type of medical assis #2 was discharged fr 04/23/19.  An attempt was made Resident #2 on 04/29 4:07 P.M., and 04/30 but the attempts were Attempts to interview who stated Resident the facility, on 04/29/04/30/19 at 9:05 A.M  Telephone interview Administrator on 05/6	t approximately 2:30 If from a medical If from a medical If om called and stated If the emergency room If what was going on If wanted to know if he If facility. SSA #92 If the Former I	F 06	24			

STATEMENT OF (X1) DEFICIENCIES PROVIDER/SUPPLIER/CLIA 365206		PROVIDER/SUPPLIER/CLIA			(x2) multiple co a. buildina b. wina	onstruction	SURVEY LETED 06/2019
name of provider or supplier  UPTOWN WESTERVILLE HEALTHCARE				140 0	address, city, state PLD COUNTY LINE ERVILLE OH, 430	ROAD	
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F 0624	to not allow Resident facility.  Review of the facility Policy and Procedure revealed it is the policy provide the residents seamless discharge, designee shall follow outlined below regard facility will ensure a sidischarge the resider communicate with reparties/guardians about transfer, the facility with the location or individent transfer, the facility will transfer, the facility will transfer the location.  2. Record review reviews admitted to the finite with diagnoses include fracture of upper end of kidney, rash and overuption, other chronial cohol abuse, polynodisorders of lung, unsternum, other tear of meniscus in right knew	orate consulting in the meeting stated #2 to return to the  Is "Resident Discharge e", dated 01/01/16, cy of the facility to with a thorough and The social services the procedure ding discharge: the safe locations to not to, the facility will sponsible but the decision to will communicate with duals for the accepting will provide all pertinent the facility will notify quire the needed the transfer, and the the resident to a new  I wealed Resident #3 facility on 01/26/18 ding unspecified of left tibia, calculus ther nonspecific skin tic pain, constipation, the respecified fracture of funspecified funspecified	F 06	24			

STATEMENT OF (X1) DEFICIENCIES PROVIDER/SUPPLIER/CLIA 365206		PROVIDER/SUPPLIER/CLIA			(x2) multiple construction  a. building  b. wing	SURVEY LETED 06/2019
name of provider or supplier  UPTOWN WESTERVILLE HEALTHCARE				140 0	address, city, state, zip code DLD COUNTY LINE ROAD TERVILLE OH, 43081	
(X4) ID PREFIX TAG	(EACH DEFICICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETIO N
F 0624	According to the facil for Resident #3, he was the facility on 04/24/1 explanation of, "not be the services needed. There was no indicat written notification related In addition, there was state ombudsman's coregarding this dischaus In review of all Resid records, there was not documentation to support and/or family were as would be discharged.	scle weakness, and view of the resident's t, dated 02/20/19, was cognitively  #3's progress note anned surgery on ken to the hospital by stant (SSA) #92 on veceived a call later he surgical center, be admitted for ything was going well. ity medical records vas discharged from 19 with the being able to provide following his surgery." ion that he was given garding his discharge. Is no indication the office was notified rige.  Bent #3's medical to preparation and/or opport the resident ware that Resident #3 without the possibility in to the facility. There on to support the ride the care and in the strength of the strength of the support the resident was required.	F 062	24		

Facility ID:OH00599

STATEMENT OF (X1) DEFICIENCIES PROVIDER/S		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>	PROVIDER/SUPPLIER/CLIA		(x2) multiple construction  a. huildina  b. wina	(X3) DATE SURVEY COMPLETED <b>05/06/2019</b>			
name of provider or supplier  UPTOWN WESTERVILLE HEALTHCARE				street address, city, state, zip code 140 OLD COUNTY LINE ROAD WESTERVILLE OH, 43081					
(X4) ID PREFIX TAG	(EACH DEFICICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		PROVIDER'S PLAN OF CORRECTION IX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETIO N		
F 0624	medications and care the hospital.  Interview with Social (SSA) #92 on 04/29/confirmed the facility capable of providing Resident #3 to return	M. and 12:09 P.M. It find evidence en notification he was to the facility. He ad an insurance that is and verified the received the daily rate and/or the leir bed to be held. It know they were not lock (or that they had Administrator verified lovide any information lot's medical diagnosis, e plan upon transfer to  Services Assistant 19 at 12:30 P.M. loves more than locare and services for lafter his surgery. If the resident was not like than she took Administrator #48, lent was not permitted  al Director #304 on loconfirmed the locept Resident #3 lafter his surgery. He lable to provide leatment for him.	F 062	24					

STATEMENT DEFICIENCIE		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>			(x2) multiple construction  a. buildina  b. wina	(X3) DATE SURVEY COMPLETED 05/06/2019	
	ame of provider or supplier PTOWN WESTERVILLE HEALTHCARE			140 0	address, city, state, zip code  DLD COUNTY LINE ROAD  FERVILLE OH, 43081		
(X4) ID PREFIX TAG	(EACH DEFICICIENC	ENT OF DEFICIENCIES CY MUST BEPRECEDED FULL	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETIO N
F 0624	or other facility, the forwill be completed: not physician, may be do emergency; notify the transfer is being mad information, arrange arranged by the rece the resident for transform, medication lists other relevant docum the resident.  Review of the facility' policy and procedure revealed the facility will federal guidelines on neglect, mistreatmen misappropriation of publication defined as the failure services necessary to mental anguish, and training part of the protrain all new employer and how residents ar what to do if the emp	policy, dated April acility attempts to sidents within the te situation when it is st of the resident due reasons, an or discharge is d it become ent an emergency discharge to a hospital ollowing procedures of the resident's one after transfer in an erceiving facility the le and provide relevant transportation if not iving facility; prepare fer, prepare transfer s, code status, and mentation to send with the sabuse prevention and preventing abuse, at, exploitation and property. Neglect was to provide goods and to avoid physical harm, mental illness. The occedure included to see on resident rights re to be treated and	F 062	24			

centers for medicare & medicaid services omb no. 0938-0391

	STATEMENT OF (X1) DEFICIENCIES PROVIDER/SUPPLIER/CLIA 365206			(x2) multiple construction  a. huildina  b. wina	SURVEY LETED 106/2019
	ider or supplier ESTERVILLE HEALTHCARE			street address, city, state, zip code 140 OLD COUNTY LINE ROAD WESTERVILLE OH, 43081	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA	(X5) COMPLETIO N
F 0624	Continued From page when and how to rep or suspected abuse.  This deficiency subst Number OH0010400 Number OH0010399	ort witnessed, alleged antiates Complaint 5 and Complaint	F 06:	24	

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>			(x2) multiple construction  a. building  b. wing	(X3) DATE SURVEY COMPLETED 05/06/2019	
name of provider or supplier  UPTOWN WESTERVILLE HEALTHCARE			140 0	address, city, state, zip code DLD COUNTY LINE ROAD TERVILLE OH, 43081		
PREFIX (EACH DEFICICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FIJLL		(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	CORRECTIVE ACTION SHOULD BE	
F 0625 SS=D  483.15(d)(1)(2) Notice Before/Upon Trnsfr §483.15(d) Notice of return-  §483.15(d)(1) Notice a nursing facility trans hospital or the reside therapeutic leave, the provide written inform or resident represent (i) The duration of the policy, if any, during of permitted to return ar in the nursing facility; (ii) The reserve bed pustate plan, under § 44 if any; (iii) The nursing facility bed-hold periods, wh consistent with parage section, permitting a and (iv) The information s (e)(1) of this section.  §483.15(d)(2) Bed-hot transfer. At the time of resident for hospitaliz leave, a nursing facility resident and the resident and the resident and the resident and the resident paragraph (d)(1) of the	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL)  Continued From page 66  483.15(d)(1)(2) Notice of Bed Hold Policy Before/Upon Trnsfr §483.15(d) Notice of bed-hold policy and return-  §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section.  §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This STANDARD is not met as evidenced		25 25	Resident #2 was admitted to the hospital 4/25/19. Resident #2 was readmitted to for 5/9/19 and transferred to OSU Medical Center on 5/10/19.  Resident #3 no longer resides in the facilion 5/2/19 at 5pm Administrator, LISW, DADON and MDS nurse identified all resid with the potential to discharge to the community. All 14 of 14 resident's care planter reviewed and revised as needed for discharge plan.  On 4/29/19 at 5:30pm the LISW and ADO reviewed all 18 of 18 resident's discharge the facility in the past 30 days to ensure the resident received a safe discharge plan.  on 4/29/19 at 4:35pm the Regional Direct Clinical Services educated the Administration Resident Discharge, Transfer, and Be Policy and Procedures.  On 4/29/19 at 4:45pm the DON educated of 17 members of the interdisciplinary team Resident Discharge, Transfer and Bedho Policy and Procedures.  On 4/29/19 between 5pm and 7pm Unit Managers educated all 27 of 27 licensed nurses on Resident Discharge, Transfer and Bedhold Policy and Procedures.  On 5/1/19 inquiry received from River Vis regarding Resident #2's return to facility.	acility al  ity. ON, ents lans r safe ON ed from he tor of ator dhold I all 17 am on ld	05/10/2019

		(X1) PROVIDER/SUPPLIER/CLIA 365206			(x2) multiple construction  a. buildina  b. wina	(X3) DATE SURVEY COMPLETED 05/06/2019			
name of provider or supplier  UPTOWN WESTERVILLE HEALTHCARE				street address, city, state, zip code  140 OLD COUNTY LINE ROAD  WESTERVILLE OH, 43081					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETIO N			
F 0625	(EACH DEFICICIENCY MUST BEPRECEDED		F 062	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		/ at n old			

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>		(x2) multiple construction  a. huildina b. wina		(X3) DATE SURVEY COMPLETED <b>05/06/2019</b>		
name of provider or supplier  UPTOWN WESTERVILLE HEALTHCARE				street address, city, state, zip code  140 OLD COUNTY LINE ROAD  WESTERVILLE OH, 43081				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETIO N
F 0625	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED		F 06	25				

(X3) DATE SURVEY STATEMENT OF (x2) multiple construction (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 365206 05/06/2019 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETIO PREFIX (EACH DEFICICIENCY MUST BEPRECEDED PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0625 F 0625 Continued From page 69 days but understood that both should have received the notification about the daily rate and/or the option to refuse for their bed to be held. Review of facility "Bed Hold Notification" policy (dated 01/01/16) revealed, "The administrator/designee will notify resident and the resident's responsible party in writing by certified mail, return receipt requested, in advance of any proposed transfer or discharge from this home. A copy of the notice will also be sent to the state department of health." This deficiency substantiated Master Complaint Number OH00104005 and Complaint Number OH00103991.

STATEMENT OF (X1) DEFICIENCIES PROVIDER/SUPPLIER/CLIA 365206				(x2) multiple construction  a. buildina  b. wina	(X3) DATE SURVEY COMPLETED 05/06/2019		
name of provider or supplier  UPTOWN WESTERVILLE HEALTHCARE			street address, city, state, zip code 140 OLD COUNTY LINE ROAD WESTERVILLE OH, 43081				
PREFIX (EACH DEFICICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETIO N	
F 0626 SS=D  Return to Facility §483.15(e)(1) Permit to facility. A facility must establi written policy on perm return to the facility a hospitalized or placed leave. The policy must following. (i) A resident, whose therapeutic leave exc period under the Stat facility to their previou immediately upon the bed in a semi-private (A) Requires the serv facility; and (B) Is eligible for Med facility services or Me nursing facility service (ii) If the facility that of resident who was trat expectation of return cannot return to the fi must comply with the paragraph (c) as they  §483.15(e)(2) Readm distinct part. When the resident returns is a of part (as defined in § 4 must be permitted to bed in the particular I composite distinct part	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL)  Continued From page 70  483.15(e)(1)(2) Permitting Residents to Return to Facility §483.15(e)(1) Permitting residents to return to facility.  A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.  (i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident-(A) Requires the services provided by the		26 26	Resident #2 was admitted to the hospital 4/25/19. Resident #2 was readmitted to fon 5/9/19 and transferred to OSU Medical Center on 5/10/19.  Resident #3 no longer resides at the facility. On 5/2/19 Administrator, LISW, DON, AD and MDS nurse identified all residents with potential to discharge to the community. Of 14 resident's care plans were reviewed revised as needed for safe discharge plan.  On 4/29/19 at 5:30pm the LISW and ADO reviewed all 18 of 18 resident's discharge the facility in the past 30 days to ensure the resident received a safe discharge plan.  On 4/29/19 at 4:35pm the Regional Direct Clinical Services educated the Administration Resident Discharge, Transfer, and Be Policy and Procedures.  On 4/29/19 at 4:45pm the DON educated of 17 members of the interdisciplinary teat Resident Discharge, Transfer and Bedho Policy and Procedures.  On 4/29/19 between 5pm and 7pm Unit Managers educated all 27 of 27 licensed nurses on Resident Discharge, Transfer and Bedhold Policy and Procedures.  On 5/1/19 inquiry received from River Visit regarding Resident #2's return to facility. Uptown Westerville agreed to Resident #	acility al lity. DON th the All 14 d and n. DN ed from the tor of ator dhold d all 17 am on old and	05/10/2019	

STATEMENT OF (X1) DEFICIENCIES PROVII		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>		(x2) multiple co a. buildina b. wina	onstruction	(X3) DATE SURVEY COMPLETED 05/06/2019		
name of provider or supplier  UPTOWN WESTERVILLE HEALTHCARE			street address, city, state, zip code  140 OLD COUNTY LINE ROAD  WESTERVILLE OH, 43081					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		ID PREFIX TAG		(EACH	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BE 3-REFERENCED TO THE APPROPRIATE		(X5) COMPLETIO N
F 0626	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED		F 06	26	River Vista B  Administrator discharges x Resident Disc	to facility after a 14 day state that it is the property of the procedures, then as determinal mittee.	h old	

STATEMENT DEFICIENCIE		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>			(x2) multiple co a. buildina b. wina	onstruction	(X3) DATE SURVEY COMPLETED 05/06/2019	
-	ider or supplier ESTERVILLE HEALTHCARE			140 0	address, city, state LD COUNTY LINE ERVILLE OH, 430	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICICIENC	ENT OF DEFICIENCIES LY MUST BEPRECEDED FULL	ID PREFIX TAG	:	(EACH	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BE I-REFERENCED TO THE APPROPRIATE		(X5) COMPLETIO N
F 0626	the possibility of bein facility. There was no support the facility co care and services that required.  2. Record review reviadmitted to the facility diagnoses including upper end of left tibia rash and other nonspother chronic pain, co abuse, polyneuropath lung, unspecified manultiple fractures of runspecified motor veweakness, and difficus BIMS score was 15, was cognitively intactives completed on 02.  Review of Resident # revealed he had a platent support the revealed he had a pl	the second substitute of the second substitute of second substitute of the second substitute of	F 06	26				

omb no. 0938-0391 STATEMENT OF (x2) multiple construction (X3) DATE SURVEY (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 05/06/2019 365206 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIO (EACH DEFICICIENCY MUST BEPRECEDED TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0626 Continued From page 73 F 0626 observation, but everything was going well. In review of all his medical records, there was no preparation and/or documentation to support the resident and/or family were aware that Resident #3 would be discharged without the possibility of being able to return to the facility. There was no documentation to support the facility could not provide the care and services that Resident #3 required. Interview with the Administrator on 04/29/19 at 11:35 A.M. and 12:09 P.M. revealed he could not find evidence that either resident (Resident #2 and Resident #3) had received written bed hold notification at the time of their discharge. He stated neither one had insurance that offered bed hold days but understood that both should have received the notification about the daily rate and/or the option to refuse for their bed to be held. He confirmed that both residents were welcome to come back and that they were able to provide the services needed for their care. He stated he did not know they were not permitted to come back (or that they had been told this). Interview with Social Services Assistant (SSA) #92 on 04/29/19 at 12:30 P.M. confirmed the facility was more than capable of providing care and services for Resident #3 to return after his surgery. She did not know why either resident was not permitted to return other than she took

STATEMENT OF (x2) multiple construction (X3) DATE SURVEY (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 365206 05/06/2019 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIO (EACH DEFICICIENCY MUST BEPRECEDED TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0626 Continued From page 74 F 0626 direction from former Administrator #48. who stated they were not permitted to return. Interview with Medical Director #304 on 04/30/19 at 6:13 P.M. confirmed the facility was able to accept Resident #3 back into the facility after his surgery. He confirmed they were able to provide adequate care and treatment for him. Review of facility "Emergency Transfer/Discharge" Policy (dated April 2017) revealed the facility attempts to meet the needs of residents within the facility, but in an acute situation when it is not in the best interest of the resident due to medical or safety reasons, an emergency transfer or discharge is implemented. Should it become necessary to implement an emergency transfer or 30 day discharge to a hospital or other facility, the following procedures will be completed: notify the resident's physician, may be done after transfer in an emergency; notify the receiving facility the transfer is being made and provide relevant information, arrange transportation if not arranged by the receiving facility; prepare the resident for transfer, prepare transfer form, medication lists, code status, and other relevant documentation to send with the resident; notify the responsible party/family member as soon as possible, if the discharge is an acute emergency they may be notified after he transfer;

STATEMENT DEFICIENCIE		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>			(x2) multiple construction  a. huildina  b. wina	SURVEY LETED 06/2019
	ider or supplier ESTERVILLE HEALTHCARE			140	t address, city, state, zip code OLD COUNTY LINE ROAD TERVILLE OH, 43081	
(X4) ID PREFIX TAG	(EACH DEFICICIENC	ENT OF DEFICIENCIES LY MUST BEPRECEDED FULL	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETIO N
F 0626	care is transferred to	atment as needed until the emergency squad ng the transportation; ation including what hts, care, and esident status and his and other related the documentation with a discharge; ecific situation, the social services will hident/responsible hery regarding the until the resident or it is determined he returning; and if hether the facility is lical, physical, eeds of the resident, in input from the DON termination whether it the resident.  antiated Master il-H00104005 and	F 06.	26		

STATEMENT DEFICIENCIE	TATEMENT OF (X1) PROVIDER/SUPPLIER/CLIA 365206				(x2) multiple construction  a. building  b. wing	(X3) DATE COMPL <b>05/</b> 0	
	ider or supplier ESTERVILLE HEALTHCARE			140	t address, city, state, zip code OLD COUNTY LINE ROAD TERVILLE OH, 43081		
(X4) ID PREFIX TAG	(EACH DEFICICIENC	ENT OF DEFICIENCIES BY MUST BEPRECEDED FULL	ID PREFI) TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETIO N
F 0690 F 0690 SS=D	resident who is contil bowel on admission is assistance to maintain his or her clinical consuch that continence maintain.  §483.25(e)(2)For a reincontinence, based comprehensive assemust ensure that— (i) A resident who enwithout an indwelling catheterized unless to condition demonstrate catheterization was rean indwelling catheter receives one is assest catheter as soon as president's clinical conthat catheterization is	el/Bladder er, UTI nce. cility must ensure that nent of bladder and receives services and in continence unless dition is or becomes is not possible to  esident with urinary on the resident's esment, the facility ters the facility catheter is not he resident's clinical es that recessary; ters the facility with or or subsequently esed for removal of the cossible unless the addition demonstrates is necessary; and incontinent of bladder treatment and rinary tract infections ence to the extent  esident with fecal on the resident's essment, the facility	F 06		On 5/2/19 the nurse manager ensured Resident #121 received an anchoring der On 5/2/19 the Nurse Manager assessed Resident #121 for any s/sx of discomfort skin impairment and no adverse findings identified. Resident #121 care plan was reviewed by the Nurse Manager.  On 5/2/19 DON or Designee assessed al Resident's with a Foley Catheter for discomfort, skin impairment and ensured resident's had an anchoring device in pla negative findings were identified. Resider plans were reviewed and revised as necessary for the company of the company of the company of the company of the plans with a leg stranchoring device. The DON or designee educate facility STNA and licensed nursing staff on the Catheter Care Policy by 5/10 ensure the safety, comfort and well-being resident's with an indwelling catheter in positive to ensure a leg strap or anchoring device is in place 3 x weekly x 4 weeks, the as determined by the QAA committee.	or were  all ce. No nt care essary.  STNA rap or will ng /19 to g of blace.  m	05/10/2019

STATEMENT DEFICIENCIE		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>			(x2) multiple construction  a. huildina  b. wina	SURVEY LETED 06/2019
	rider or supplier ESTERVILLE HEALTHCARE			140	t address, city, state, zip code OLD COUNTY LINE ROAD TERVILLE OH, 43081	
(X4) ID PREFIX TAG	(EACH DEFICICIENC	ENT OF DEFICIENCIES LY MUST BEPRECEDED FULL	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETIO N
F 0690	one of three sampled #121) with an anchor catheter. The facility residents with urinary facility census was 1. Findings include:  Review of Resident # revealed an admission 04/27/17. Diagnoses services for end of lift Parkinson disease. Resident #121 was reconly. The record idea had a urinary catheter.	receives appropriate es to restore as much n as possible. not met as evidenced  In, review of facility record review and acility failed to provide I residents (Resident redevice for his urinary identified four reatheters. The 11.  It 121's medical record on to the facility on a included hospice re care, stroke and The record identified receiving comfort care ntified Resident #121 refor urinary retention.  Is written plan of care, 21/19 for Resident rentions included to with a securement  It 2/19 at 9:12 A.M. In 121 was receiving in the restored in the record identified resident rentions included to with a securement	F 069	90		

(X3) DATE SURVEY STATEMENT OF (x2) multiple construction (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 365206 05/06/2019 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETIO PREFIX (EACH DEFICICIENCY MUST BEPRECEDED PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0690 F 0690 Continued From page 78 observation revealed Resident #121 did not have an anchoring device to hold the catheter in place. The observation identified the weight of the catheter tubing and attached bag was pulling Resident #121's penis to the side. Interviews with STNAs #35 and #750 on 05/02/19 at 9:21 A.M. confirmed Resident #121 did not have a securing device located on his catheter. Review of the facility's policy titled "Catheter Care Policy and Procedure," dated 12/01/18, identified the procedure included to ensure tubing is secured with a leg strap and/or anchoring device. This was an incidental finding during the course of the complaint investigation.

365206 a. building b. wing 05/06/	6/2019
name of provider or supplier street address, city, state, zip code  UPTOWN WESTERVILLE HEALTHCARE 140 OLD COUNTY LINE ROAD WESTERVILLE OH, 43081	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICICIENCY MUST BEPRECEDED PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETIO N
F 0760 SS=G F 0760 SS=G F 0760 SS=G Significant Med Errors The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This STANDARD is not met as evidenced by:  Based on medical record review, staff interview and review of the Medscape Guidelines 2019, the facility failed to ensure one resident (Resident #4) was free of a significant medication error. This resulted in actual harm when Resident #4 received an oral anticoagulant (blood thinning) medication (Cournadin), after the physician had ordered the medication be held due to an elevated International Normalized Ratio (INR) level (used to monitor therapeutic levels of blood clotting). Resident #4 required hospitalization for a diagnosis of supratherapeutic INR (excessively thin blood). This affected one of three residents reviewed for a significant medication error. The facility identified 17 residents receiving anticoagulant medication. The facility census was 111.  Findings include:  F 0760 F 0760 Resident #4 no longer resides in the facility and currently resides in another SNF. On 4/17/1/19 at 23:04 Resident #4 PT/INR results were reported to Med ow with no new orders. On 4/18/19 at 00:52 Resident #4 was sent to the ER per order for evaluation and treatment.  On 5/3/19 DON and Nurse manager assessed all Residents on coumadin therapy for any change in condition and all residents current cournadin therapy regimen was reviewed with the Resident's physician or CNP by 5/10/19. No further adverse outcomes were identified related to coumadin therapy regimen was reviewed with the Resident's physician or CNP by 5/10/19. No further adverse outcomes were identified related to coumadin therapy regimen was reviewed with the Resident's physician or CNP by 5/10/19. No further adverse outcomes were identified related to coumadin therapy.  On 5/3/19 DON and Nurse manager sere-ducated licensed nursing staff on Physician notification), Change in Condition Policy, 10 Rights of Medication Administration and S/5x and risks associa	05/10/2019

STATEMENT DEFICIENCIE		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>			(x2) multiple construction  a. buildina b. wina		SURVEY LETED 06/2019
	ider or supplier ESTERVILLE HEALTHCARE			140 0	address, city, state, zip code DLD COUNTY LINE ROAD FERVILLE OH, 43081		
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F 0760	dated 04/02/19, reveralert, oriented and about the assessment ider had two venous/arter. Review of the April 2 identified Resident #4 Coumadin daily for a Review of Resident #4 dated 04/15/19 at 7:0 laboratory results recresident's PT (prothrolevel of 52.2 seconds 9.5-11.8 seconds) an normal range (2.0-3.0 anti-coagulant). This monitor blood thinnin progress note identification in the laboratory finding levels as critical.  Review of a progress at 10:53 P.M., reveal Practitioner (CNP) or (antibiotic medication infection (UTI). The cordered INR testing exweek.	ehensive assessment, aled Resident #4 was ble to voice all needs. Intified Resident #4 rial ulcers.  O19 physician orders 4 was receiving trial fibrillation.  E4's progress note, of P.M., revealed the evived for the ombin time) was at a st; (normal range and an INR at 4.7 with of standard test is used to g medications. The ed the physician was the Coumadin held tomorrow (04/16/19). The ed the Certified Nurse dered Levaquin of for a urinary tract CNP additionally	F 076	60	the physician/CNP , identify change in condition with appropriate physician/CNP notification and ensure Resident is negat any S/Sx of abnormal bleeding. Need for further auditing will be determined by the committee.	ive for	

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	ider or supplier ESTERVILLE HEALTHCARE			street address, city, state, zip code  140 OLD COUNTY LINE ROAD  WESTERVILLE OH, 43081			
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F 0760	A.M., revealed at 4:0 significant amount of saturating the entire I dressing and sheet. evidence the physicial Review of the Medica record (MAR) for Apr Resident #4's Couma ordered, on 04/15/19 However, the resident Coumadin on 04/17/despite the physician medication.  The progress note, d 11:04 P.M., identified lab values called to the	sults of the PT/INR ne on-call physician was 55.5 and INR sician ordered a hold dication. The notes to retest tomorrow. gs identified the INR  ated 04/17/19 at 5:20 0 A.M., there was a bright red blood left lower extremity There was no an was notified.  ation Administration il 2019 revealed adin was held as and 04/16/19. It was administered 19 at 5:00 P.M., order to hold the  ated 04/17/19 at 1 there were critical ne physician. The lab s PT at 49.1 and INR  ss note dated M. revealed Resident lisive, had very pale espond to verbal or	F 07	60			

STATEMENT DEFICIENCIE		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>			(x2) multiple co a. buildina b. wina	onstruction	SURVEY LETED 06/2019
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F 0760	called. Emergency Mas called, and a phyreceived to send Resemergency room for  Review of the hospital physical, dated 04/18 revealed Resident #4 hospital with diagnoss supratherapeutic INF (passing out), as well chronic renal failure. was 4.46 upon admiss Interview on 05/02/19 Director of Nursing (I Resident #4's MAR is administered Couman DON confirmed shessiven the medication was on hold per physical Review of medication was on hold per physical Review of medication was an areas treatment of deep myocardial infarction embolism, rheumatic heart valve damage, and chronic atrial fibrical box warning it indicated cause major or fatal more likely to occur of the country of the physical physical sense.	olue (emergency) was Medical Services; 911 ysician order was sident #4 to the evaluation.  al history and 8/19 at 4:11 A.M., was admitted to the es of a and syncope I as acute onset Resident #4's INR sion to the hospital.  at 2:20 P.M. with the DON) confirmed dentified she was din on 04/17/19. The should not have been as the medication sician order.  In information titled es 2019" revealed eticoagulant and used vein thrombosis, pulmonary heart disease with prosthetic heart valves illation. Under black ted Coumadin can bleeding; bleeding is during the starting her dose (resulting in	F 07	60			

STATEMENT OF (X3) DATE SURVEY (x2) multiple construction (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. huildina 05/06/2019 365206 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX COMPLETIO PREFIX (EACH DEFICICIENCY MUST BEPRECEDED (EACH CORRECTIVE ACTION SHOULD BE TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0760 F 0760 Continued From page 83 include high intensity of anticoagulation (INR greater that 4), and age sixty-five years or older. Regular monitoring of INR should be performed on all treated patients; those at high risk for bleeding may benefit from more frequent INR monitoring, careful dose adjustment to desired INR and a shorter duration of therapy is recommended. This deficiency is an example of continued non-compliance from the survey dated 04/1/19.

STATEMENT DEFICIENCIE		(X1) PROVIDER/SUPPLIER/CLIA 365206  (x2) multiple construction (x3) DATE SURV COMPLETED 05/06/2					
	ider or supplier ESTERVILLE HEALTHCARE			140 0	address, city, state, zip code PLD COUNTY LINE ROAD FERVILLE OH, 43081		
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F 0773 F 0773 SS=D	State law, including s laws. (ii) Promptly notify the physician assistant, r clinical nurse special results that fall outsic ranges in accordance and procedures for n	o Srvcs Physician lits cility must- aboratory services y a physician; nurse practitioner or ist in accordance with scope of practice e ordering physician, nurse practitioner, or ist of laboratory le of clinical reference e with facility policies otification of a e ordering physician's not met as evidenced  ew, review of facility riew, the facility failed hysician of one 4) critical laboratory d one of three or critical laboratory tensus was 111.  et4's medical record it was admitted to the Diagnoses included ony of deep vein wheral vascular	F 07		Resident #4 no longer resides in the fact and currently resides in another SNF. Of 4/17/19 at 23:04 Resident #4 PT/INR resider reported to Med One with order to continue to hold and report to CNP in the morning. On 4/18/19 at 00:52 Resident resent to the ER per order for evaluation at treatment.  On 5/3/19 DON and Nurse manager assall Residents on coumadin therapy for at change in condition and no adverse find were identified. On 5/09/19 DON and numanager began medical record review at identify any documented change in condition and all residents current coumadin therapy regimen was reviewed with the Resident physician or CNP by 5/10/19. No further adverse outcomes were identified relate coumadin therapy.  On 5/3/19 DON and Nurse Managers re-educated licensed nursing staff on Physician Notification Policy(which inclucing lab value notification), Change in Condition Policy, 10 Rights of Medication Administration and S/Sx and risks associated with a non-therapeutic PT/INR and factor may effect INR levels. On 5/3/19 the DO Nurse Managers re-educated STNA staff S/Sx of abnormal bleeding and Change Condition Policy.  Don or designee will audit the medical reformation of the signer was received and the medical reformation and S/Sx and risks associated standard staff on Policy.	esults et 44 was and essed any ings arse addition py et's add to des and ars that and ars that and are that are that and are that are that and are that are t	05/10/2019

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F 0773	voice all her needs.  Review of the April 2 identified Resident #4 Coumadin (an antico fibrillation.  Review of the laborat 04/15/19, revealed th for Prothrombin (PT) Normalized Ratio (IN monitor therapeutic le and was collected on A.M. The results ide level of 4.7 (normal restandard anti-coagulatest identified the rest the facility on 04/15/1 progress notes reveathe physician until 04  Review of the laborat 04/16/19 with a collect A.M., identified a repidentified with notification 1:59 P.M. The laboratic 1:59 P.M. The laboratic restance of the physician until 1:59 P.M. The laboratic restance of the laboratic	4/02/19, revealed t, oriented and able to 019 physician orders 4 was receiving agulant) daily for atrial or report, dated are resident was tested and International R) levels (used to evels of blood clotting) o4/15/19 at 6:28 antified a critical INR ange was 2.0-3.0 ant). The laboratory ult was reported to 19 at 11:37 A.M. The alled no notification to 1/15/19 at 7:07 P.M. tory report, dated ction time at 8:13 ported critical INR was ation to the facility at atory findings els were critical. The ed the physician was 6/19 at 5:26 P.M. I an order to hold the n and to retest	F 07	73	and theraped the physician condition wit notification a any S/Sx of a	der, laboratory dra utic, Lab values ar n/CNP , identify ch h appropriate phys nd ensure Reside abnormal bleeding ng will be determin	re addresse nange in sician/CNP ent is negat g. Need for	ed with	

STATEMENT DEFICIENCIE		(X1) PROVIDER/SUPPLIER/CLIA <b>365206</b>			(x2) multiple a. buildina b. wina	e construction		(X3) DATE COMP	
	ider or supplier ESTERVILLE HEALTHCARE			140 C	address, city, s DLD COUNTY L	INE ROAD			
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F 0773	and reported to the fa 12:37 P.M. The prog the physician was no 04/17/19 at 11:04 P.I noted as an INR of 4 Interview on 05/02/19 Director of Nursing (I facility nursing staff w laboratory company of by phone. The DON	cal INR was identified acility on 04/17/19 at press note revealed to notified until who is a second to the cool of	F 07	73					

STATEMENT DEFICIENCIE	(//2)				(x2) multiple construction  a. huilding  b. wing	(X3) DATE COMPI <b>05</b> /	
	vider or supplier ESTERVILLE HEALTHCARE			140 (	address, city, state, zip code DLD COUNTY LINE ROAD FERVILLE OH, 43081		
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F 0835 F 0835 SS=F	effectively and efficient maintain the highest mental, and psychos each resident.  This STANDARD is respectively:  Based on review of expected and staff failed to be administed use its resources effect or maintain the higher resident by failing to obtain and submit enthe BCI & I. The facile employees hired since had finger prints submit (Registered Nurse (F#22, #24 and #35; Lie Nurse (LPN) #3, #7, #15, #16, #17, #19, #15, #16, #17, #19, #15, #16, #17, #19, #17, #17, #19, #17, #17, #19, #17, #17, #19, #17, #17, #19, #17, #19, #17, #17, #19, #17, #19, #17, #19, #17, #19, #17, #19, #17, #19, #17, #19, #17, #17, #19, #17, #19, #17, #19, #17, #17, #19, #17, #17, #19, #17, #17, #17, #17, #17, #17, #17, #17	ministered in a it to use its resources on the contract of the	F 08		Finger prints were submitted to the BCI 8 Registered Nurse (RN) #11, #13, #20, #2 and #35; Licensed Practical Nurse (LPN) #7, #8, #10, #12, #14, #15, #16, #17, #18 #25, #26, #27 and #32; State Tested Nur Assistants (STNA) #1, #4, #29, #30, #31, and #36; Kitchen staff (#2 and #6); Activ staff (Activities #9); Receptionist #18; Housekeeping staff (Housekeeping #5 ar #28); Licensed Social Worker (LSW) #23 Admissions Staff #33) by 5/3/2019.  On 5/3/2019 the Administrator/designee reviewed resident concern forms and rescouncil minutes for the past 30 days to enall concerns were addressed and no residual adverse outcomes related to the fingerprinting. No adverse findings were identified.  On 5/2/19 DON/Designee re-educated all on the abuse policy and were unable to reto work until the education was received.  On 5/16/19 the Background Check Policy revised by the VP of Clinical Services. Regional Director of Clinical Services eduthe Administrator, HR Director, and Department Managers on the revised Background Check Policy on 5/17/19.  Administrator/Designee will audit all new employee files for evidence of compliance the Background Check Policy and finger printing prior to the employee beginning of the Administrator of the employee beginning of the Administrator of the employee beginning of the Packground Check Policy and finger printing prior to the employee beginning of the Packground Check Policy and finger printing prior to the employee beginning of the Packground Check Policy and finger printing prior to the employee beginning of the Packground Check Policy and finger printing prior to the employee beginning of the Packground Check Policy and finger printing prior to the employee beginning of the Packground Check Policy and finger printing prior to the employee beginning of the Packground Check Policy and finger printing prior to the employee beginning of the Packground Check Policy and finger printing prior to the employee beginning of the Packground Check Policy and finger printing prior to the employee files f	22, #24  9, #21, rsing  1, #34  ities  and  ident  ident  nsure  dents  I staff  eturn  / was  ucated  e with  work x	05/17/2019

STATEMENT OF (x2) multiple construction (X3) DATE SURVEY (X1) DEFICIENCIES COMPLETED PROVIDER/SUPPLIER/CLIA a. building 05/06/2019 365206 b. wina name of provider or supplier street address, city, state, zip code **UPTOWN WESTERVILLE HEALTHCARE** 140 OLD COUNTY LINE ROAD **WESTERVILLE OH, 43081** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX COMPLETIO PREFIX (EACH DEFICICIENCY MUST BEPRECEDED (EACH CORRECTIVE ACTION SHOULD BE TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE Ν F 0835 Continued From page 88 F 0835 potential to affect all 111 residents residing committee. in the facility. Finding include: Review of the BCI&I log and interview with the facility Administrator on 05/01/19 at 9:17 A.M. revealed a new corporation took ownership of the facility on 12/21/18. The Administrator verified 36 employees have been hired since that time who are still employed at the facility. The Administrator verified none of these 36 employees: (RN) #11, #13, #20, #22, #24 and #35; Licensed Practical Nurse (LPN) #3, #7, #8, #10, #12, #14, #15, #16, #17, #19, #21, #25, #26, #27 and #32; State Tested Nursing Assistants (STNA) #1, #4, #29, #30, #31, #34 and #36; Kitchen staff (#2 and #6); Activities staff (Activities #9); Receptionist #18; Housekeeping staff (Housekeeping #5 and #28); Licensed Social Worker (LSW) #23; and Admissions Staff #33) have had a set of finger prints completed and submitted to BCI&I for a criminal records check to be completed. The Administrator verified the facility was utilizing a company identified as "Ohio Background Check, INC" that completes a background check but does not utilize fingerprints. The facility was unable to provide any evidence of what this company was utilizing to complete the "background checks". Review of the Ohio Attorneys General web-site (ohioattorneygeneral.gov) revealed

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